



## WELCOME TO MAD DAWG WRESTLING CLUB

Name of Wrestler \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Years Wrestling \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

USA Wrestling # \_\_\_\_\_

Track Wrestling # \_\_\_\_\_

Please contact us with questions or concerns – [maddawgwrestling.com](http://maddawgwrestling.com) Coach Fidel: (916) 705-8077

### We are looking forward to fun times and great technique!

I agree to indemnify and hold harmless Mad Dawg Wrestling, Alpha Dawg Wrestling, Folsom Athletic Association, The Folsom Cordova Unified School District, coaches, or other participants and any other cosponsoring agencies from any liability for injuries or damages which may arise as a result of participation in this activity. I fully understand that this activity involves risks and danger of serious bodily injury. I fully accept and assume all risk and responsibility for losses, costs and damages I incur as result of the minor's participation in the activity. I understand this is a contact sport and that while reasonable precautions are taken, Mad Dawg wrestling is not responsible if the participant contracts a contagious disease, including but not limited to, COVID-19. I further agree that Mad Dawg Wrestling may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be reached. I am aware that Mad Dawg Wrestling does not carry medical insurance for participants in this activity. I acknowledge that I have read this agreement and fully understand its terms.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Wrestler's Name