**To register for wrestling please complete one form for EACH child:**

* Athlete Registration Form
* Facility User Waiver Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete Information**  |  |  |  |
| Last Name: |  | First Name:  |  |
|  |  |  |  |  |
| Address:  |  |
|  |  |  |  |  |
| City: |  | Province:  |  | Postal Code: |  |
|  |  |  |  |  |
| Telephone:  |  | Date of Birth: |  |
| Email: |  |
| **Parent or Guardian Information**  |  |  |
| Father’s Name: |  | Phone:  |  |
|  |  |  |  |  |
| Mother’s Name: |  | Phone:  |  |
|  |  |  |  |  |
| List any medical conditions/illnesses that athlete has:  |  |
|  |
|  |

*FOR WRESTLING SEASON:* ***2023/2024***

|  |  |
| --- | --- |
| **Emergency Contact (other than parent or guardian)** |  |
| Name:  |  | Phone:  |  |
| Relationship:  |  |  |
|  |  |  |
| Do you want to be part of the Bhullar Wrestling Whatsapp Group Chat?  | YES | NO |
| If ‘YES’, please specify your phone number here: |  |
|  |  |
| **Athlete Signature:** |  | **Date:**  |  |
|  |  |  |  |
| **Parent or Guardian Signature:** |  | **Date:**  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waive any and all claims I may have against, and release from all liability and agree that neither I nor my executors or heirs will take legal action against the Bhullar Wrestling Club and its officers, employees, agents, volunteers, residents, and representatives for any personal injury, death, property damage or loss sustained as a result of the use of the facilities at the Bhullar Wrestling Club, arising out of any cause whatsoever, including negligence.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am aware that accidents can be the result of participating in activities at the Bhullar Wrestling Club and can occur with or without any fault on either the part of the club member, or the Bhullar Wrestling Club, or the residents at the Bhullar Wrestling Club or its employees or agents. By participating in activities in the Bhullar Wrestling Club, I am accepting the risk of an accident occurring.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to comply with all current COVID-19 related rules as outlined by the Bhullar Wrestling Club Return to Wrestling in BC Action Plan, which includes but is not limited to proper hygiene and sanitation practices, wearing of masks in all common areas at all times, maintenance of social distance, and truthful reporting of current health of those entering/using the Bhullar Wrestling Club facility. I agree that the Bhullar Wrestling Club Return to Wrestling in BC Action Plan is subject to change as BC Government Restrictions regarding current COVID-19 Rules and Regulations change.

THE MEMBER FAIL TO ABIDE BY THE RULES AND REGULATIONS OF BHULLAR WRESTLING CLUB-, UNDERSIGNED ACKNOWLEDGES: TO HAVE READ THE TERMS AND CONDITIONS AND AGREES TO COMPLY WITH THEM AND WISHES TO USE THE FACILITY. BY SIGNING THE UNDERNEATH, YOU HERBY DECLARE THAT YOU SHALL USE THE FACILITY AT YOUR OWN RISK AND ARE PHYSICALLY CAPABLE TO PERFORM EXERCISES. YOU SHALL HOLD ALL OFFICERS, DIRECTORS, AND MANAGEMENT OF BHULLAR WRESTLING CLUB - HARMLESS FOR ANY CLAIMS, DEMANDS, INJURIES, CAUSES OR ACTIONS IN RESPECT TO THE USE OF THE SERVICES AND FACILITY.

**FACILITY USER**

|  |  |
| --- | --- |
| Signature: |  |
|  |  |  |  |
| Printed Name: |  | Date:  |  |

 **PARENT/GUARDIAN for Facility Users under 19 years of age**

|  |  |
| --- | --- |
| Signature: |  |
|  |  |  |  |
| Printed Name: |  | Date:  |  |

 **WITNESS**

|  |  |
| --- | --- |
| Signature: |  |
|  |  |  |  |
| Printed Name: |  | Date:  |  |