Lizard Wrestling Registration Form

Player Information					
Name	Grade				
Address	City	State			
DOB//	YXS, YS, YM, YL, YXL Shirt Size AS, AM, AL, AXL	YXS, YS, YM, YL, YXL Shorts Size AS, AM, AL, AXL			
Parent/Guardian Informa	tion				
Name	Phone				
Name		Phone			
Insurance	Company Policy #				
Emergency Contact					
Name (Other than parent)					
Relationship	Phone	-			
Name (Other than parent)					
Relationship	Phone				
Recognizing the possibility of phy engaging in activity and involver and releases, discharges and oth participants and their parents/gua	program and activity or use of the recreat	e recreational facility or school and undersigned hereby assumes any risk program, its volunteers and agents or received by the registrant and/or minor(s)			
Parent/Guardian Signature		Date/			
I understand that the images may	ion to use my or my child's photograph po y be used in print publications, online pub hat no royalty, fee or other compensation	lications, presentations, websites, and			
Parent/Guardian Signature		Date /			