

Lejeune Lions



Wrestling

*AAU Instructional Wrestling Program
Focusing on the fundamentals of wrestling through individualized instruction, drill basics and advanced techniques while developing their individual wrestling abilities, providing a foundation for champions.*

OPEN TO ALL WRESTLERS

Practice Times

Ages 4-7 Mon & Wed 6:00-7:00 p.m., Sat 9:00-10:00 a.m.

Ages 8-18 Mon & Wed 7:00-8:30 p.m., Saturday 10:00-11:30 a.m.

Area 5 Gym – MCB Camp Lejeune

Registration: \$80.00 per child, includes AAU membership

Lejeune Lions will compete in AAU sanctioned tournaments that cater to all skill levels as well as other regional and local events.

NO PRIOR WRESTLING EXPERIENCE NECESSARY.

For more information contact:

lejunelionswrestling@yahoo.com or visit us on Facebook

LEJEUNE LIONS WRESTLING

PLEASE PRINT LEGIBLY

WRESTLER INFORMATION

Name:

Date of birth:

Grade:

Phone:

Current address:

City:

State:

ZIP Code:

Previous Wrestling Experience: (yrs)

Email:

Weight:

PARENT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

Phone:

Other:

Other:

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Date of Child's last physical:

Family Physician:

Preferred Hospital:

Family Physician Phone#:

In case of emergency and the above emergency contact cannot be reached, I hereby authorize my son/daughter to be treated by a qualified, licensed physician who is available to administer such emergency treatment as the child's condition requires. It is my intent by this consent to include the administration of drugs, anesthetics and the application of any medication that circumstances may require on an emergency basis by a qualified person. I am providing below any medical or physical conditions below that your child has that our coaches and/or a medical professional should be made aware.

Signature: _____ Date: _____

Condition:

Allergies: (please include medications)

PARENT/GUARDIAN CONSENT

My son/daughter _____ is insured by the following company _____ and has my permission to participate in the Lejeune Lions Youth Wrestling Program under the supervision of the assigned coaches. I understand that wrestling is a potentially hazardous activity. I assume all risks associated with the sport including but not limited to injury as a result of contact with other participants during the normal course the practices and/or participation in team and/or individual competition. I further understand that the assigned coaches will take every precaution to ensure the safety of each participant and accept the responsibility of ensuring that my son/daughter abides by all rules and regulations set forth by the coaches. I further give consent and do so with the full understanding that the Lejeune Lions Youth Wrestling Program, board members and volunteer staff assumes no financial responsibility for any accident and/or injury to my child, which may occur as a result of his or her participation in this program. I further release the Lejeune Lions Youth Wrestling Program and their representatives of all liability for injury to the aforementioned participant.

Lejeune Lions Wrestling Club competes in tournaments both locally and regionally. Competing is not mandatory however, please check the box below if your wrestler will likely choose to compete in tournaments that are located outside the local area (more than 2 hour drive from Camp Lejeune)

Yes

No

Signature:

PHOTO RELEASE

I further grant full permission to the Lejeune Lions Youth Wrestling Program and/or agents authorized by them to use my name, likeness, or voice, and photographs, videotapes, quotations, or any other record of my child while participating in this Program with the full understanding that they will be done so in a manner that does not compromise the safety and/or well being of my child and is to promote the organization as a whole. This permission is perpetual and worldwide. By signing this release I do so as the parent or legal guardian of the above participant and I agree to all the terms of this waiver as stated above.

Signature: _____

FOR INTERNAL USE ONLY

Received on:

Registration Fee: \$80.00

Received by:

Method of Payment:

Check #:

Date entered into NCWAY (if applicable)

Date entered into AAU: