

REGISTRATION FORM

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| ATHLETE NAME:        | D.O.B.:       |
| ADDRESS:       |
| CITY, STATE, ZIP:       |
| ATHLETE EMAIL:       | PHONE:       |
| PARENT NAMES:       | EMAIL(S):       |
| EMERGENCY CONTACT(S):       | PHONE:       |
| HOME SCHOOL:       |  |
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| LIABILITY WAIVER: I HEREBY AGREE THAT BY SIGNING AND SUBMITTING THIS FORM THAT I WILL NOT HOLD THE ASHBURN WRESTLING CLUB ET. AL. AND LOUDOUN COUNTY PUBLIC SCHOOL RESPONSIBLE FOR DAMAGES OR INJURY TO MY ATHLETE.SIGNATURE:      |
| PAYMENT METHOD:  | TOTAL AMOUNT:       |
| PROGRAM CHOICE:  |

Please return this form to any Ashburn Wrestling Club Coach, as well as emailing ashburnwrestling@gmail.com to make us aware of your submission. Or you can mail this directly to

Ashburn Wrestling Club - Attn: J.J. Totaro

520 Evergreen Mills Rd

Leesburg, VA 20176