

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: | |  | |
|  | | | |
| 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](mailto:ashburnwrestling@gmail.com) to make us aware of your submission. Or you can mail this directly to

Ashburn Wrestling Club - Attn: J.J. Totaro

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Leesburg, VA 20176