



2011 2012

**WILLOUGHBY PARKS & RECREATION REGISTRATION FORM  
WILLOUGHBY YOUTH WRESTLING- TEAM FUTURE**

Return registration form to 1 Public Square, Willoughby, 44094; or  
**FAX** your registration to 440-953-4204 or **For registration questions, PHONE** 440-953-4200.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

If new this year: How did you hear about us \_\_\_\_\_ Wrestled Before \_\_\_\_\_ If yes, how many yrs \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

E-Mail address (one checked daily): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL AUTHORIZATION**

Purpose: To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under Willoughby Parks & Recreation-Youth Wrestling authority, **WHEN PARENTS OR GUARDIANS CANNOT BE REACHED.**

**PART I - TO GRANT CONSENT**

In the event reasonable attempts to contact me at this phone number (\_\_\_\_\_) \_\_\_\_\_ or my child's other parent/guardian (name) \_\_\_\_\_ at this phone number (\_\_\_\_\_) \_\_\_\_\_ have been unsuccessful, I hereby give consent for

- 1). the administration of any treatment deemed necessary by  
     Preferred Physician - Dr. \_\_\_\_\_ phone number (\_\_\_\_\_) \_\_\_\_\_  
     Preferred Dentist - Dr. \_\_\_\_\_ phone number (\_\_\_\_\_) \_\_\_\_\_

OR in the event the designated preferred practitioner is not available, by another licensed physician or dentist; AND

- 2). the transfer of the child to \_\_\_\_\_ (preferred hospital).

**This authorization doesn't cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

**ALLERGIES:**            YES      NO    If YES, \_\_\_\_\_

**MEDICATION:**        YES      NO    If YES, \_\_\_\_\_

**YEAR OF LAST TETANUS (DTP vaccine):** \_\_\_\_\_

**RELEASE OF RESPONSIBILITY**

I hereby allow my child to participate upon my own initiative and application and assume all risks and hazards incidental to the activities of his participation in the City of Willoughby Parks and Recreation Department Youth Wrestling Program and in consideration of his participation in said program, do hereby waive and release from any and all liability whatsoever during such program against the City of Willoughby and its officers, agents, employees, coaches, and volunteers; Willoughby Parks and Recreation and its officers, agents, employees, coaches, and volunteers; Willoughby-Eastlake Public Schools and its officers, agents, employees, coaches, and volunteers and further hereby agree that no suit of action of law shall be instituted for any reason by me or others. I am hereby advised and fully understand that no insurance will be provided for any member of my family while enrolled in any program or trip. I agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered or for any other type of loss.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**Payment method (Please complete)**

Discover  MC  Visa Card # \_\_\_\_\_ Exp. \_\_\_\_\_ V-Code \_\_\_\_\_  
 (3 digit code on back)

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

This will be the card charged for the registration fee total and the card used for the singlet deposit (\$40 per singlet).  
 The card will **not** be charged for the singlet deposit if singlet(s) is returned.

Pay by Check Chk# for Registration \_\_\_\_\_ Credit card # above for Singlet Deposit \_\_\_\_\_

If paying by check, you will need to make payable to **City of Willoughby**. One check for the registration fee total and credit card number for the total singlet deposit. The singlet deposit is \$40 per singlet. The singlet deposit will **not** be charged if the singlet(s) is returned.

**Complete this section**

Parent/Guardian (Print name) \_\_\_\_\_

E-Mail address (one checked daily) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Program Costs**

1st through 6<sup>th</sup> Grade: \$60, \$50 Willoughby Residents (Activity 5075.101)

(K if a family member wrestles or a family member has wrestling experience)

Family Maximum: \$130, \$110 Willoughby Residents

Participant Name(s)	Age	Grade	Cost
<b>Total Cost</b>			<b>\$</b>

I am hereby advised and fully understand that the team singlet(s) is my responsibility to return at the end of the season, no later than April 1<sup>st</sup>, 2012. If the team singlet(s) is not returned by April 1<sup>st</sup>, 2012 then my uniform deposit will be used as payment for the team singlet(s). I also agree that The City of Willoughby Parks and Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Willoughby Parks & Recreation and may be used for publicity or promotion purposes only.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_