



Ripon Tribe Wrestling Club Participant Application

Primary Adult/Legal Guardian Information (Please Print)

1st Adult-First/Last Name _____

2nd Adult-First/Last Name _____

Address _____

Phone # _____

Cell Phone # _____

Email Address (primary method of contact) _____

Participant #1 Information

First Name _____

Last Name _____

DOB _____

Male/Female _____

Name of School _____

Grade _____

Participant #2 Information

First Name _____

Last Name _____

DOB _____

Male/Female _____

Name of School _____

Grade _____

Release of Photographs and Video

For valuable consideration, the undersigned understands and agrees that photographs and video may be taken during practices and matches and hereby gives permission to have his/her photo taken and authorizes the use and reproduction of said photos by the Ripon Tribe Wrestling Club. All negatives and prints shall become the sole property of the Ripon Tribe Wrestling Club.

Signature of Parent or Guardian: _____

Date: _____

A. Registration Fees-Payment by check or money order made payable to Ripon Tribe Wrestling

Folkstyle Season: \$80 per Wrestler

Freestyle Season: \$80 per wrestler

Both seasons: \$125 per wrestler

B. Volunteer Agreement Deposit \$100 check:

All parents are expected to participate in all fund raising activities including 4 hours during the fireworks booth. Check will be returned when the volunteer hours are fulfilled.

C. Equipment Deposit: \$100

Check will be returned when the wrestlers equipment is returned.

USA Card

Please attach a copy of each Wrestlers USA Card to this application. For information on how to obtain the USA card please visit www.themat.com (Can Bring to First Practice)

Tribe use only:

Equipment Issued/Returned

Gear # _____

Singlet

Headgear

Gear Bag

Volunteer hours completed on: _____