**REGISTRATION**

Fill out the attached form and send to Coach Cyboron.

**IMPORTANT: $40** FEE BY JUNE 1ST includes a clinic T-SHIRT

After the 1ST- $40 doesn’t include a T-shirt

Checks payable to *Centura Wrestling*

**CONTACT INFORMATION**

Coach Cyboron: Geoff.cyboron@centuraps.org - 308-379-9726

328 Valley Road

Boelus, Nebraska 68820

**PAPER REGISTRATION FORM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_Grade\_\_\_\_\_\_ Adult sizes

|  |  |  |  |
| --- | --- | --- | --- |
| L | XL | XXL | XXXL |
|  |  |  |  |

T-shirt Size (if before JULY 12th)

Insurance plan and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge and agree that:

1. The risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal disciplines may reduce the risk of serious does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I RELEASE AND HOLD HARMLESS UNK College and Centura the program sponsor and their trustees, directors, employees and volunteers (“releasees”). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss of damage to person or property, WETHER ARISING FROM THE ORDINARY NEGLEGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE AND HOLD HARMLESS AGREEMENT, FULLY UNDERSTAND, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

PRINT PARENT/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE: (Under the age of 19 at the time of registration)

I, as parent/guardian for this participant, do consent and agree to his/her release and hold harmless. I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to the minor child’s participation in the program. EVEN IF ARISING FROM THE ORDINARY NEGLIGENS OF THE RELEASEES, to the fullest extent permitted by law.

PRINT PARENT/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_