

**USA Cobra WASHINGTON Membership Form**

Personal Information			
<b>Name</b>			
<b>Address</b>			
<b>City</b>		<b>Zip</b>	
<b>Home Phone</b>		<b>Email</b>	PLEASE PRINT CLEARLY
<b>Birthdate</b>		<b>Age</b>	
<b>School</b>		<b>Grade</b>	
<b>Parent/Guardian Name</b>		<b>Phone</b>	
<b>Emergency Contact</b>		<b>Phone</b>	

Medical Information	
<b>Insurance Carrier</b>	
<b>Policy Number</b>	
<b>Name of Insured</b>	
My signature below indicates that my child is not under the care of a physician for any condition, or have any medical limitation that would prevent him/her from fully participating in the intensive, contact sport of wrestling.	
Parent Signature _____	Dated _____

USA Wrestling	
<b>CURRENT USA Card Number:</b>	<input type="checkbox"/> USA Cobra Club
A current USA Wrestling Card is REQUIRED BEFORE an athlete can participate in any practice and/or tournament. They must be purchased online at: <a href="https://webpoint.themat.com/wp/Memberships/Join.asp">https://webpoint.themat.com/wp/Memberships/Join.asp</a>	
<b>Sizing</b>	Weight: _____ T-Shirt Size: _____ Singlet: _____ Shoe: _____

Payment Record			
<b>Session II: Spring</b>	<b>\$150</b>	<input type="checkbox"/> Kids	Mon & Wed
	<b>\$200</b>	<input type="checkbox"/> Jr./High School	Mon, Wed & Thr
<b>Club Notes:</b>			
			<b>Check #:</b>

Waiver
<p>I, the undersigned, am the legal parent or guardian of the above named child and do hereby voluntarily allow my son/daughter to participate in the USA Cobra Wrestling Club. In consideration for my acceptance of their membership and participation, I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which may occur or accrue to my son/daughter against the USA Cobra Wrestling Club, Inglemoor Wrestling Club and it's organizers, and all members of the Club, or their respective officers, representatives, successors, and/or assigns and against any participant for any and all damages which may be sustained by my son/daughter in connection with their participation in the wrestling club, or which arise out of traveling to, participating in, and returning from the wrestling club.</p> <p>I understand that wrestling is a contact sport that can be dangerous and result in injury. I understand that I must have primary medical insurance and I authorize the staff of the USA Cobra Wrestling Club to seek any necessary emergency medical/dental treatment my child may need during the course of the program.</p> <p>These activities are not sponsored by the Northshore School District or any of its schools. The district assumes no responsibility for conduct during or safety of the activities. Northshore School District, its employees and agents shall be held harmless from any cause of action, claim or petition filed in any court or administration tribunal arising out of the distribution of these materials including attorney's fees and judgments awarded. I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL THE TERMS AND CONDITIONS OF THE ABOVE WAIVER.</p>

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_