



# Bloomfield Warrior Wrestling Club

Wrestler's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip Code

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age as of **December 31, 2018**: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Years of Wrestling Experience: \_\_\_\_\_

**BWWC Registration Fee: \$200.00 (\$150.00 per wrestler, each additional family member)**

**Check payable to: Warrior Wrestling, LLC. Send to Jon Tappan, 2497 Dorchester Rd., Birmingham, Michigan 48009.**

T-Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ YXL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Wrestler's Primary Health Insurance Coverage Company: \_\_\_\_\_

Primary Coverage Contract Number: \_\_\_\_\_

*NOTE: Please attach a copy of the wrestler's birth Certificate, if not on file with the club.*

The undersigned, on behalf of himself or herself as the participant, or as a parent of guardian on behalf of him/herself and said participant (hereinafter collectively referred to as "the Undersigned") hereby assumes all responsibility for the Undersigned while he/she/they is enrolled in an/or participating in an/or present during and/or coming to or from activities sponsored by or conducted on or in the property of The Christian Brothers of Michigan, Inc. DBA Brother Rice High School, Warrior Wrestling, LLC. or any of its affiliates, co-sponsors, licensees or lessees, and relieves The Christian Brothers of Michigan, Inc. DBA Brother Rice High School, Warrior Wrestling, LLC. from all liability of any nature and kind (including but not limited to liability for personal injury or property damage, or damages, actual costs, and actual attorney fees incurred and/or paid to avoid, settle or satisfy a claim) arising out of or resulting from, whether in whole or in part, said activities or the actions and/or omissions of the Undersigned or The Christian Brothers of Michigan, Inc. DBA Brother Rice High School, Warrior Wrestling, LLC. The undersigned will be engaging in various recreational activities including wrestling, grappling, work outs and other activities and utilizing equipment related to these activities including, without limitation, exercise machines, treadmills, free weights, mats and other accessories on premises owned by The Christian Brothers of Michigan, Inc. DBA Brother Rice High School and Warrior Wrestling, LLC. or one of its affiliates, by engaging in any of these activities, the undersigned hereby personally assumes full responsibility for any injury, damage or loss sustained by the undersigned, and also releases and discharges The Christian Brothers of Michigan, Inc. DBA Brother Rice High School, Warrior Wrestling, LLC, Bloomfield Warrior Wrestling Club, Jim Nelson, Jonathan Tappan, members of their families and any entities controlled by them, together with their employees, volunteers and any and all other participants, from any and all claims, demands, liability, causes of action, costs and expenses arising out of or resulting from any injury, damage or loss. I understand, and acknowledge through my signature below, that no refunds will be given or permitted.

Wrestler's Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact: Jon Tappan 248-622-0206/ [jontappan@bloomfieldwarriorwrestling.com](mailto:jontappan@bloomfieldwarriorwrestling.com) or Jim Nelson 248-444-3770 / [jimnelson@bloomfieldwarriorwrestling.com](mailto:jimnelson@bloomfieldwarriorwrestling.com)**

[www.bloomfieldwarriorwrestling.com](http://www.bloomfieldwarriorwrestling.com)