

Bloomfield Warrior Wrestling Club

2022-23 season

Wrestler's Name: _____ Date of Birth: _____

Home Address: _____

Number & Street

City

State

Zip Code

Home Phone: _____ Email Address: _____

Age as of **December 31, 2022** _____ Weight: _____ lbs.

Years of Wrestling Experience: _____

BWWC Registration Fee: \$200.00 (\$150.00 for any siblings after the first wrestler)

Check payable to: Warrior Wrestling, LLC. Send to Lauren Shelline, 28775 Carmel Court Southfield, MI 48076, or Venmo to @Lauren-Shelline.

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.

The undersigned, on behalf of himself or herself as the participant, or as a parent or 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 and its principal(s) 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, or John Dreux Nelson. 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 or leased 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, Lauren Shelline, John Dreux Nelson, 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: Dreux Nelson, (248) 291-4355, dreux.nelson@gmail.com