

**Registration Form and
Student Emergency Form**

Name: _____
Birthdate: _____
Address: _____
City: _____ **Zip** _____
Home Phone _____
Cell Phones _____
School _____ **Grade** _____
Parent's Name _____
**In Case of Emergency, an alternate number
and person to call is:**
Name _____
Home # _____
Cell# _____
**In case I am sick/injured & my contact(s)
cannot be reached, please take me for
medical care to: Dr.** _____ **or**
 _____ **Hospital.**
Insurance: _____
Any Allergies or special medications: _____

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 Hartland Consolidated Schools school district or any of its co-sponsors, licensees or lessees, and the school district of all of its past and present Board Members, Employees, students, volunteers, co-sponsors, licensees and lessees, and all of their heirs, successors, agents and assigns, (hereinafter all collectively referred to as "the District") of and 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 District. In the event of any injury to any of the Undersigned, permission is hereby given to the District to authorize that first aid and medical attention be given to the Undersigned who is injured. The Undersigned represent(s) and warrant(s) that



the individual on whose behalf this document has been signed is in good physical condition and health and able to participate in the activity which may be the subject hereof and the Undersigned acknowledge(s) and agree(s) that said activity may be injurious and will likely require the assistance of unscreened and/or untrained volunteer coaches and other such volunteers and individuals. Photographs may be taken by the District at activities, and, unless the Athletic Director of the Hartland Consolidated Schools School District receives a signed, written objection from the Undersigned, photographs may be reproduced for publication. The Undersigned hereby knowingly and voluntarily waive any notice of any liability for which indemnity may be sought by the District and the Undersigned agree that the obligation to indemnify shall survive the end of any participation which gave rise thereto.



Date: _____
Amount Paid: _____
Check# _____ **Cash** _____
Make Checks Payable to:
Hartland Wrestling
Cost: \$2Q Registration Fee

**Fill out all information on this form and
mail to:**

**Hartland Wrestling
c/o Gwen Baughman
1844 West View Trail
Howell, MI 48843**



HARTLAND



Wrestling Camp K-8th Grade

**May 13th, 2009
5:30-8:30 p.m.**

**Hartland High School
Sweat plus Sacrifice
equals Success**