Sierra Sabers Wrestling Club
MEMBERSHIP APPLICATION & MEDICAL RELEASE WAIVER

Wrestling Season:
FOLKSTYLE: WINTER- NOVEMBER - MARCH
AND/OR
FREESTYLE/FOLKSTYLE: MARCH - JUNE
Pondo Wrestling Room - 3661 Ponderosa Rd, Shingle Springs CA 95682

website: www.saberswrestling.com
phone: 916-220-7415, 916-261-2210
email: sierrasabers@gmail.com

NAME OF WRESTLER: ___________________________DOB:________AGE: _____ WT.____
SCHOOL: ____________________________ GRADE: ______ YEARS EXPERIENCE? ____
PARENT/GUARDIAN NAME 1: ____
NAME 2: ____
HOME PHONE: ______________________ DAD CELL: _________________________
MOM CELL: _________________________ WRESTLER CELL: ___________________
DAD EMAIL: _________________________MOM EMAIL: _______________________
WRESTLER EMAIL:_________________ Important: Please print email addresses clearly
MAILING ADDRESS: ____
CITY/ STATE/ ZIP: ____
EMERGENCY CONTACT NAME: _____________________________ PHONE: _________________
PRIMARY PHYCIAN NAME: __________________________ PHONE: _________________
PRIMARY DENTIST NAME: __________________________ PHONE: _________________
HEALTH COVERAGE? Y/N ___ NAME OF PROVIDER: ______________________
POLICY # _______________ GROUP #_______________ PHONE: _______________
I, the undersigned parent or guardian do hereby grant permission for my child _____________________________________ to train at Ponderosa. I acknowledge, understand and agree that in that my child is assuming risk of such injury / illness by his / her participation. I assume full responsibility for my son / daughter's participation. I understand that membership in Sierra Sabers Wrestling Club may be revoked at any time without refund if my child fails to comply with club rules or chooses to quit before end of season. My child may need to receive necessary medical treatment in the event of injury or illness. I hereby authorize the Sierra Sabers Wrestling Club Staff / Coaches to facilitate medical treatment for my child in case of illness or injury sustained during time in the wrestling room / gym. Furthermore, Sierra Sabers Wrestling Club founders, principals, board members, owners and coaches and will not be held responsible for any injury or illness incurred while my son / daughter is in the wrestling room, gym or traveling to or from and event.

Parent/Guardian Names: (Please Print) _____________________________
Parent/Guardian Signature: _________________________________ Date: ____________________
Note: This information is only used for member identification and medical emergency. Please check any known medical conditions that the coaches should be aware of:

Allergies: Food: ________ Bee Stings: _______ Antibiotics: ________ Other: _____________
Does Child have Asthma? Y/N ___ Carrys Medication? ____
Any Orthopedic Conditions that will limit safe participation in any activity: (be specific) ______________________
____

MEMBERSHIP TUITION DUES:
FALL/WINTER SEASON: Varsity (6-8th grade) ____$250 NO REFUNDS
FALL/WINTER SEASON: JV (2nd-5th grade) ____$200 NO REFUNDS
FALL/WINTER SEASON: Novice (K-1st grade) ____$120 NO REFUNDS

Amount Paid?_________ Date:__________ BIRTH CERTIFICATE VERIFIED BY: _______
USA WRESTLING CARD #:______________________ SCWAY CARD #: _______________________