



**Molalla Police Activities League
Molalla Ju Ju Warriors Mat Club 2018-19**

Fee: \$100, non-refundable & includes USA Wrestling card and a t-shirt.

Reduced rate of \$80 available for 2nd child in same family, \$60 for 3rd child in same family.

Open to boys & girls ages 5-16. A minimum of **\$60 must be paid by November 15, 2018;** remainder of fees **must be paid in full by November 29, 2018.** **Season:** November 2018-February 2019;

Beginner: Tues & Thurs 6pm-7:15pm at the high school gym; **Intermediate & Advanced:** Tues & Thurs 7pm-8pm at the high school gym & Wednesdays 5:30pm-7pm upstairs mat room at Middle School.

Youth Wrestling Member:

Name: _____ Gender: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Age: _____ School: _____ Grade: _____
 Experience Level: _____ (ie. 1st year, 2nd year, 3rd year, etc.)

Parent and/or Guardian:

Name: _____ Phone: _____
 Alternate Phone: _____ E-mail: _____

IN CASE OF EMERGENCY CONTACT (Other than Parent/Guardian): _____

Relationship: _____ **Phone:** _____ **Alternate Phone:** _____

Medical Information:

Doctor/Nurse Practitioner: _____ Insurance Carrier: _____
 Policy#: _____

- | | |
|---|------------|
| 1. Is the applicant a diabetic? | YES__ NO__ |
| 2. Is the applicant subject to seizures of any kind? | YES__ NO__ |
| 3. Are there any allergies or dietary restrictions? | YES__ NO__ |
| 4. Is the applicant currently under any medical treatment? | YES__ NO__ |
| 5. Does the applicant have a history of respiratory illness? | YES__ NO__ |
| 6. Has your child been diagnosed with ADHD or any behavior disorders? | YES__ NO__ |

If you answered **YES** to any question above, please explain (medications, special needs, etc.):

Waiver and Consent: In consideration of its allowances of my child to participate in its program, I hereby release and waive the Molalla Police Activities League, the Molalla River School District, the Molalla Mat Club and its employees, agents, representatives, officers, and directors from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while my child participates in MPAL's program, or while s/he travels to or from MPAL's programs. If I cannot be reached in the event of an emergency, I authorize any physician treating my child to perform any and all medical procedures which s/he determines to be medically appropriate under the circumstances. During any MPAL activity, media coverage (photography, interviews) may occur. Please check "NO" if you do not wish to have your child photographed, interviewed, or featured on the website.

__NO

T-Shirt Size for your wrestler (YS-YXL and Adult S-3XL): _____

PARENT/GUARDIAN SIGNATURE: _____

YOUTH SIGNATURE: _____

For internal use only:

Payment Received By: _____ Date Received: _____

Total Fees Owed: _____ Amount Paid: _____

Payment Method: Cash Check/Money Order #: _____