



Molalla Police Activities League

Molalla Ju Ju Warriors Mat Club 2019 Clinic Registration

Youth Wrestling Member:

Name: _____ Age: _____

Parent and/or Guardian:

Name: _____ *Relationship: _____

Phone: _____ E-mail: _____

Address: _____

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

Relationship: _____ **Phone:** _____

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 program. 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 pictures posted on website. ___NO

PARENT/GUARDIAN SIGNATURE: _____

YOUTH SIGNATURE: _____