

**Town of Middletown
Department of Parks and Recreation
Middletown Town Hall
350 East Main Road
(401) 847-1993**

REGISTRATION FORM

Wrestler Information:

Name _____

Address _____ City _____

Home Phone _____ Date of Birth _____

Weight _____ Experience _____

Parent Information:

Mother _____ Father _____

I/we would be interested in supporting the Middletown Wrestling Club by being a

Coach _____ Pairings Official _____ Table Worker _____ Team Parent _____

Statement of Risk

In consideration of being allowed to participate in any Town of Middletown recreation/sports program, and related events and activities, the undersigned:

- A. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or conditions of the premises or any equipment used. Further, that there may be other risks not known to us or no reasonably foreseeable at this time.
- B. Assume all the foregoing risks and accept personal responsibility for the damages following such injury.
- C. State that I am in proper physical condition to participate in this recreation/sports program.
- D. I waive and release all claims for myself, my heirs and estate against the Town of Middletown, its administrators, directors, agents, coaches, and other employees of the town, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the program.

Print Name

Signature (parent sign if under 18)

Date