



Hippo Wrestling Club

\$50 per month Off-season participation fee
Participant Registration Form Oct 18 - Mar 19

I, (parent or guardian) _____ agree that (participant) _____ may participate in The Sandbox at Madeline's Place Wrestling Club. In consideration of participation in this event, I agree on behalf of the above named child, his/her heirs and representative to fully and forever release, discharge, indemnify and hold harmless The Sandbox at Madeline's Place, its host playing sites and site administrators, its owners, agents, servants and employees from any and all claims, demands, damages, rights of action of causes of action, present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CLUB. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

Signature of Parent or Legal Guardian Date

Parent Email Address _____

Parent Cell Number Participant's phone/other phone Grade level/Age Weight

Permission/Waiver to Transport Child

I give permission for my child to be transported in a motor vehicle driven by a member/representative of The Sandbox at Madeline's Place. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult members or volunteers.

I understand that with any vehicle transportation there runs the risk of personal injury or permanent loss. I have been made aware of the potential risks and will assume responsibility for any expenses incurred due to accident, illness, or any other incapacity.

I agree on behalf of my child, his/her heirs and representative to fully and forever release, discharge, indemnify and hold harmless The Sandbox at Madeline's Place and Hutto ISD from any and all claims, demands, damages, rights of action of causes of action, present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of provided transportation.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Please make checks payable to: The Sandbox at Madeline's Place P.O. Box 446 Hutto, Tx 7aand8634