

# MEATHEAD WRESTLING CLUB MEMBERSHIP FORM

First Name		Last Name			
Phone		E-mail			
Address					
Gender (circle one)	<b>M / F</b>	Age	Date of Birth	Grade	Weight
Other Wrestling Club Affiliation if any (list club)			Social Security Number (coaches only)		
Are you currently a member of USA Wrestling? (circle one)			<b>YES / NO</b>		Existing USA Wrestling Card #
Are you currently a member of AAU Wrestling? (circle one)			<b>YES / NO</b>		Existing AAU Wrestling Card #
Do you currently have health insurance? (circle one)			<b>YES / NO</b>		Company Name
					Policy #
<p>By signing below, I understand that the sport of wrestling is a full contact sport and it is therefore possible that injury may occur at anytime while practicing or competing in this sport. I agree to hold harmless the Meathead Wrestling Club, it's coaches, members, volunteers, officers and board of directors from damages caused by any injury or illness to myself or minor child for which I am the parent or guardian that may occur as a result of participation in any practice, clinic, competition or other event hosted by the Meathead Wrestling Club or it's affiliates.</p>					
Signature of Enrollee (Parent or Guardian if under age 18)				Date	
Print Name of Signor				Relationship to Enrollee	

Description of Charge	Amount	\$ Paid	\$ Due	Sub-Total Paid
<input type="checkbox"/> Annual Club Enrollment Fee - required	\$10	_____	_____	_____
<input type="checkbox"/> AAU Membership - required to attend any practice or training session	\$14	_____	_____	_____
<input type="checkbox"/> Fall Kids Program Fee	\$65	_____	_____	_____
<input type="checkbox"/> Sunday Olympic Skill Sessions Fee *	\$116	_____	_____	_____
<input type="checkbox"/> Winter Kids Competition Program Fee	\$65	_____	_____	_____
<input type="checkbox"/> Spring Program for Freestyle/Greco Fee	\$65	_____	_____	_____
<input type="checkbox"/> USA Wrestling Membership - <i>required to compete in USAW sanctioned events, may be purchased at event</i>	\$30	_____	_____	_____
<b>TOTALS</b>	<b>\$365</b>	_____	_____	_____

Indicate and pay for the programs you intend to participate in. You may pay the program fee anytime prior to participating in it.

*\*This program may be paid in two installments of \$58 each. 2nd installment due on 12/2/07*

**Make one check payable to "Meathead Wrestling Club" for all programs and memberships.**

**QUESTIONS? Call Jeff Barksdale at 805-235-0135 or e-mail barx@charter.net**

Financial assistance is available for those in need. If you are interested in being contacted about participation in this program because of financial need, please initial here \_\_\_\_\_ .