

# 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 and the San Luis Coastal Unified School District 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. My signature below also authorizes any physician or medical professional under their supervision to provide medical treatment to my minor child, _____, if they deem it necessary for his/her well-being.</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	\$11	_____	_____	_____
<input type="checkbox"/> AAU Membership - required to attend any practice or training session	\$14	_____	_____	_____
<input type="checkbox"/> Fall Kids Program Fee	\$75	_____	_____	_____
<b>TOTALS</b>	<b>\$100</b>	_____	_____	_____

**Make one check payable to "Meathead Wrestling Club" for all programs and memberships.**  
**QUESTIONS? Call Jeff Barksdale at 805-235-0135 or e-mail [info@meatheadwrestling.com](mailto:info@meatheadwrestling.com)**

Alternative programs to pay the program fee are available for those in need of financial assistance. If you are interested in being contacted about participation in these programs because of financial need, please initial here \_\_\_\_\_ .