



# BERKELEY MAT RATS WRESTLING PROGRAM

Attach  
picture  
here

**PLEASE PRINT**

*ATHLETES' CODE OF HONOR*

I promise upon my word of honor that I will not take unfair advantage of an opponent. That I will be courteous in word and demeanor to opponents, officials and spectators. I will observe the rules of the game in spirit as well as in letter and that I will constantly strive to uphold the ethics of the amateur sport of wrestling.

Wrestler's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Guardian Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number:		E-Mail Address	
<b>Size Information:</b>	<b>SHIRT</b>	<b>SHORTS/SWEATS</b>	<b>SHIRT</b>
Youth Small	_____	_____	_____
Youth Medium	_____	_____	_____
Youth Large	_____	_____	_____
Youth X-Large	_____	_____	_____
		<b>Adult Small</b>	_____
		<b>Adult Medium</b>	_____
		<b>Adult Large</b>	_____
		<b>Adult X-Large</b>	_____

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Recognizing the possibility of physical injury associated with wrestling, I hereby release, discharge and/or otherwise indemnify the Berkeley Mat Rats, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the wrestling program, against any claim by or on behalf of the registrant's participation in the program and/or being transported to or from the same, which I authorize.

My child has received a physical examination by a physician and has been found capable of participating in the Berkeley Mat Rats Wrestling program.

\_\_\_\_\_ My Child has **NO** health condition that may limit or affect participation in the wrestling program.  
 \_\_\_\_\_ My child **HAS** the following health conditions that may affect or limit participation in the wrestling program.

**COACHES'/VOLUNTEERS' CODE OF HONOR**

I promise upon my word of honor to help to create an environment in which primary emphasis is placed upon the emotional and physical well being of all athletes, rather than winning. I will lead, by example, and will demonstrate the value of fair play and sportsmanship to all participants.

I hereby give my permission for my child \_\_\_\_\_ to participate in the Berkeley Mat Rats Wrestling Program.

\_\_\_\_\_  
**Signature of Parent/Guardian** Date: \_\_\_\_\_

**FOR STAFF USE ONLY**

Amount Paid: \$ _____	Check # _____	Cash _____	Initial _____
Birth Certificate Attached: _____	YES _____ NO _____	Picture Attached _____	YES _____ NO _____
WEIGHT CLASS: _____	DIVISION: _____	NOVICE? _____	YES _____ NO _____