



**PRE – REGISTRATION FORM
REBELS CLASSIC TOURNAMENT**

PLEASE PRINT LEGIBLY:

Wrestlers Name: _____ **Team:** _____

Birthday: _____ **Age Division:** _____ **Weight Division:** _____

Parents Name: _____ **Phone:** _____

Full Mailing Address: _____

We, the parents or legal guardians of _____

In consideration of accepting his or her participation in the Rebels Classic Tournament, do hereby, for myself, my family, executors and administrators, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I may have against the coaches, directors, referees, other tournament officials, the Lil' Rebels Wrestling Club, Weld Central High School and Weld County District RE-3J, for any all injuries suffered by the above mentioned wrestling participant. I understand that abusive, disorderly and unsportsmanlike conduct will not be tolerated at this event.

Parent of Legal Guardian Signature

Participant's Signature