

## ACKNOWLEDGEMENT & CONFIRMATION OF ONLINE REGISTRATION

### MEMBER INFORMATION

TODAY'S DATE: (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Age</b>
<b>Phone:</b>	<b>School:</b>	
<b>Circle:</b> Beginner      Intermediate      Advanced Wrestler	Where did you wrestle previously? Or Not applicable?	
<b>Weight class</b> (If you know):	Have you joined Google Classroom?      Y / N	

### EMERGENCY CONTACT:

<b>Contact Name(s):</b>	<b>Phone Number(s):</b>	<b>Relationship:</b>

I/We have completed the Tri-City Training ONLINE APPLICATION and Tri-City Training Online informed consent, release of liability, and training policies ([www.TriCityTraining.ca](http://www.TriCityTraining.ca))

I agree to abide by the Covid Policy ([View Covid Policy](#)).

I agree to the waivers, informed consent document, & release of liability ([View terms and conditions](#)).

<b>APPLICANT SIGNATURE X</b>	<b>DATE</b>
<b>GUARDIAN SIGNATURE</b> <i>If member is under 18 years old</i>	<b>DATE</b>
<b>X</b>	
<b>WITNESS SIGNATURE X</b>	<b>DATE</b>

**All school consent forms and processes must be complete before you can participate in practice. Any questions, please feel free to contact your Coach!**