

ACKNOWLEDGEMENT & CONFIRMATION OF ONLINE REGISTRATION

MEMBER INFORMATION

TODAY'S DATE: (MM/DD/YYYY) ___ / ___ / ___

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

EMERGENCY CONTACT:

Contact Name(s):	Phone Number(s):	Relationship:

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)

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](#)).

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

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