

2011-2012 Denmark Wrestling Club Membership & Registration

Head of Household: _____

Address: _____ City: _____ Zip: _____

Phone Number (s): _____ Emergency Contact w/phone: _____

***E-MAIL ADDRESS(ES):** _____

Please provide your email address if you would like to receive information about the Denmark Wrestling Club, updates on practices, notification of upcoming tournaments and other wrestling information.

****CELLULAR PHONE NUMBER(S):** _____

Please provide your cellular phone number if you would like to receive texts regarding Denmark Wrestling Club, updates on practices, notification of upcoming tournaments and other wrestling information.

Type of Membership: **Family \$10** _____ **Single \$5** _____ **Nonpaying** _____

Membership Year is November 1 through October 31:

There are three types of membership:

- Family membership Family membership paid in full allows all family members to participate in all activities organized by the DWC. Additional fees may be required for certain activities. A family membership entitles the household head that is 18 years or older 2 ballots for DWC elections or any matter that requires a majority vote by the membership and family attendance at the Recognition Banquet.
- Single membership A single member is any individual 18 years or older, that does not have a child currently participating in the Denmark wrestling program at the youth, middle school or high school levels. The cost of a single membership is 50% of a family membership. Single membership paid in full entitles the individual 1 ballot for DWC elections or any matter that requires a majority vote by the membership and attendance at the Recognition Banquet.
- Non-paying Membership A non – paying member is 18 years or older and does not have a child participating in the Denmark wrestling program at the youth, middle school or high school levels. A non – paying member does not have the right to vote in elections or any matter that requires a majority vote by the membership. Attendance at the Recognition Banquet will require a nominal fee determined by the Board of Directors. A non – paying member will be entitled to attend all DWC scheduled meetings, access to communication amongst club members and has the opportunity to volunteer for DWC sponsored events. The DWC President will determine who receives non – paying membership status with the exception of a head coach, assistance coach or volunteer coach. All Head Coaches, Assistance Coaches and Volunteer Coaches for the Denmark wrestling program at the youth, middle school and high school levels will be granted non – paying membership status.

REGISTRATION

WRESTLER INFORMATION * Check all that Apply: Youth _____ Middle School _____ High School _____ Other _____

Wrestler Name(s) and Corresponding Grade (s): _____

In consideration of our acceptance of this registration into the Denmark Wrestling Club, I, my Heirs, executors and administrators, waive and release parents, coaches, sponsors, their agents, and representatives from any and all claims or rights, to damage for injuries in training, competing, observing, or traveling to or from wrestling events. The parents or guardians for these events will assume all liability for injuries or accidents.

(*minors*) _____ has my permission to participate in the Denmark Wrestling Club Events.

I/We, (*parents/guardians*) _____ of (*minors*) _____, hereby give the Denmark Wrestling Club and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken during the 2011 – 2012 wrestling season at wrestling sponsored events. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

At no time is the Denmark Wrestling Club, The Denmark School District, or any participants involved in the program liable for injuries. No insurance is provided. If for some reason an injury occurs, it will fall under that individual's personal health insurance.

Proof of Insurance _____ Policy # _____

Parents Signature: _____ Date: _____

Please return to Michelle Schmitz; 4100 Water Division Road, Denmark WI 54208

Following information is for Program Use Only:

INFORMATION

Registration Fee Paid _____ Method of Payment _____ Initials _____

Raffle Tickets Distributed _____ Initials _____ Raffle Funds Collected _____ Initials _____

If Renting Singlet, Wrestler Name(s):

_____ Sz/Color/No: _____ Intls: _____ Amt Pd: _____ Returned: _____ Intls: _____

_____ Sz/Color/No: _____ Intls: _____ Amt Pd: _____ Returned: _____ Intls: _____

_____ Sz/Color/No: _____ Intls: _____ Amt Pd: _____ Returned: _____ Intls: _____

Amount Collected (\$30/Singlet) – Total _____ Method of Payment: _____ Intls: _____

Deposit Returned (\$20/Singlet) – Check # _____ Date _____ Amt: _____ Intls: _____