

Before attending a training session please sign up using the form below. Before signing up please read the **trainee sign up pack**.

We reserve the right to refuse to train any individual we deem unsuitable. If trainees break the club rules they will be asked to leave.

If you suffer from any medical issues that may be aggravated by wrestling training we recommend seeking medical advice before joining.

Please be aware that wrestling training is a contact activity and it is very possible to sustain injury. By signing up you agree that you are aware of the nature of wrestling and the North Wales Wrestling Dojo takes no responsibility for injuries sustained whilst training.

We retain the rights to use photos of training and trainees for publicity purposes, by signing you also agree to this.

#### Waiver of Liability

By undertaking wrestling training under banner of North Wales Wrestling Dojo (including the names North Wales Wrestling Dojo, Britannia Wrestling Promotions, FUSION Pro Wrestling Conwy County Wrestling or the acconisms CCW,FPW,BWP or NWWD) I hereby agree to the following;

I shall not hold the aforementioned responsible for an injury or accident resulting from ordinary negligence. I will also not hold any trainer, or individual responsible for any injury or accident resulting from ordinary negligence.

Any medical conditions that could be affected by training must be disclosed to the aforementioned. The aforementioned recommends medical advice before training with a medical condition. Anyone training with the aforementioned and doing so with a medical condition does so at their own risk and the aforementioned and associated trainers take no responsibility for injury, accident or worsening of said condition.

**By signing up using the form attached, you agree to the above conditions and do not hold North Wales Wrestling Dojo, or any of its sister groups, trainers or associates responsible for any injury sustained while engaged in any sort of training, exercise, fitness or wrestling activity or any activity carried out at wrestling events or training sessions.**

**You are required to purchase your own personal insurance when training with The North Wales Wrestling Dojo. The North Wales Wrestling Dojo takes no responsibility for injury sustained whilst wrestling or training.**

# Sign Up

\*First Name

\*Surname

\*Email Address

\*Address

\*City/Town

\*County

\*Postal Code

\*Contact No

\*Date of Birth

\*Emergency Contact Name

\*Emergency Contact Phone No

\*Emergency Contact Address

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\*Do you have a criminal record? If so, please detail it here.

\*If you have any medical conditions, please detail them here.

Parental Consent

Before signing please read the Rules, Terms and Conditions.

By signing this form I can confirm that I am the parent/legal guardian of ..... and that I have read the Rules, Terms and Conditions and understand the risks of wrestling and learning to wrestle.

Print.....

Sign.....

Date / /