NFWC

2402 Niagara Street
Niagara Falls, NY 14303
716)284-9059

NFWC POWERCATS

Registration Form

PLEASE PRINT

First Name_____Last Name_____ Date of Birth_____

Parent/Guardian Name_____ Relationship_____

Address_____ City_____ Zip_____

Home Phone_____ Cell_____ Other_____

Allergies or Other physical limitation: Y / N Race/Optional: Cau Blk His other ( )

_____

Medication(s)_____Medical Insurance_____

Name of Physician_____ Phone No._____

How did you hear about us? _____ Newspaper, Flyer, Friends, other (explain).

_____ E-mail address_____Facebook_____

- I understand that the Niagara Falls Wrestling Club is not liable for any injuries/deaths that may occur while my child is a member of the NFWC.
- I understand that the uniforms, headgear and all equipment used by my child at the NFWC is the property of NFWC if borrowed from the club. I will be held responsible for the cost of this equipment if not returned or if it is lost/stolen or damaged while under my child's care.
- I understand that there are no refunds after my child's first week of practice at NFWC. If a refund is granted, the refund will be minus the fee for the USA insurance and the refund will be given only after the equipment that has been issued is returned along with all raffle tickets and t-shirt.

❖ I have read the above and agree to these terms

_____

Parent/Guardian Date

_____

Wrestler #1___ #2___ #3___ #4___ Birth Certificate___

Total Amount Owed_____ Total Paid_____ (Cash/Check) Amount Owed_____

USA Card_____ USA No#_____ Database_____

T-Shirt #_____ T-shirt Size_____ Singlet_____ Raffle Tickets #_____

NFWC Registration Committee Signature_____

NFWC Treasurer Signature Copy _____

2025-2026

* No Refunds *

$75

Powercats Wrestling Club – Waiver of Liability

FOR PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this athlete, participant, or volunteer have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against injuries and communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of participant, athlete: _____

_____

_____

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____