



Fox Valley Elite Wrestling

2 Classes - \$50

Sunday's April 12th-26th 5-6:30 (Mixed) Freestyle

Tuesday's April 7th-28th 1 6-7:30 (mixed) Freestyle

2026 FVE Wrestling Registration/Waiver Form

Wrestler Name: _____ Address: _____

City: _____ Date of Birth: ____/____/____ Age: _____ Grade _____

Weight _____ School/Club: _____ USA Card # _____

Emergency Contact Info

Legal Guardian Name: _____

Email _____ Cell #1: (____) _____

Waiver - 2026 Spring Sessions

I, the parent/guardian of the candidate for the January 1st 2026 - December 31st 2026 FVE

Wrestling at Fox Valley Elite Wrestling Academy, hereby give approval of his/her participation in any and all clinic activities. I assume all risks and hazards incidental to such participation, including transportation to and from the clinic. I hereby release, waive, absolve, indemnify and hold harmless Fox Valley Elite Wrestling Club, the organizers, supervisors, participants, and persons transporting or coaching the participant of all liability for injuries incurred while participating in the wrestling clinic. I also grant permission to managing personnel or other clinic representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the participant become ill or injured while neither parent is available to grant authorization for emergency treatment.

Parent Signature: _____ Date: ____/____/____