

GUYANA WRESTLING ASSOCIATION

APPLICATION FOR AFFILIATION



PLEASE PRINT

Club Name:

Address:

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Club Tel:

Coach Name:

GWA Coach Certificate #: Coach level:

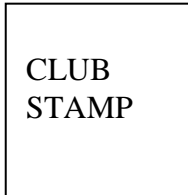
Tel/Fax (Res): (Office): Cellular:

National I.D/Passport Nr: Date of Birth:

Name & Address of Employer:

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Medical Problem(s), if any:



THE FOLLOWING RELEASE MUST BE SIGNED BEFORE MEMBERSHIP IS GRANTED

I voluntarily submit my Application for Ordinary Affiliation with this Affiliate of the United World Wrestling and assume full responsibility for any and all damages, injuries or losses that any member of my club may sustain, if any, while attending regular Training Clinics or participating in Domestic, National or International Games, Tournaments, Championships or Demonstrations.

I hereby waive all claims against this Affiliate and/or the United World Wrestling, Guyana Olympic Association, its Executives, Promoters, Operators and Sponsors and place of occurrence of any of the above-mentioned Events, Individually or otherwise, for any injury that my club member may sustain.

I also fully understand that any photograph taken of any member of my club during any of the said Events may be used for publicity of promotion and hereby waive compensation. I also accept that all fees paid whether registration, monthly, tournament or otherwise through my club to the GWA are none refundable.

I have read, understand and accept the above disclaimer

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Signature of Applicant

.....
Date

For official use only

Club # GWA.....

Application Approved by:

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Treasurer of Guyana Wrestling Association

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President of Guyana Wrestling Association