

ARM WRESTLING CHAMPIONSHIP FORM



NAME

D.O.B.

HEIGHT

NUMBER

EMERGENCY NUMBER

ADDRESS

STATE

PIN CODE

DOES THE ATHLETE HAVE ANY ALLERGIES, CHRONIC ILLNESS, OR MEDICAL CONDITIONS? IF YES, PLEASE DESCRIBE.

PARTICIPATION IN ARM WRESTLING IS AT YOUR OWN RISK. TNS ARM WRESTLING AND ITS AFFILIATES ARE NOT RESPONSIBLE FOR ANY INJURIES, DAMAGES, OR ACCIDENTS THAT MAY OCCUR DURING THE COMPETITION. PARTICIPANTS ASSUME FULL RESPONSIBILITY FOR THEIR ACTIONS AND WELL-BEING DURING THE EVENT.

SIGNATURE
