

# COACH'S PERSONALITY & INFORMATION FORM 2011-12

*This form is for coach's information only; and not required for registration.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Nick Name (If Any): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Primary Home Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
Your Own Cell Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Emergency Contact Primary Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_  
Your Own Email or Primary (Home) Email: \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_  
Grade: 6  7  8  9  10  11  12

## Personality Profile

Favorite Food: \_\_\_\_\_ Hobbies: \_\_\_\_\_  
Favorite Band / Group: \_\_\_\_\_ Pet Peeves: \_\_\_\_\_  
Favorite Movie: \_\_\_\_\_ Favorite TV Show: \_\_\_\_\_  
Siblings Names: \_\_\_\_\_ Dream Car: \_\_\_\_\_  
Other School Sports: \_\_\_\_\_ Favorite Class: \_\_\_\_\_

## Parent / Guardian Information

Father Name: \_\_\_\_\_  
Father Address: Same as Participant  Address: \_\_\_\_\_  
Father Home Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Father Cell Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_  
Father Email: Same as Participant  \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_

Mother Name: \_\_\_\_\_  
Mother Address: Same as Participant  Address: \_\_\_\_\_  
Mother Home Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Mother Cell Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_  
Mother Email: Same as Participant  \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Guardian Address: Same as Participant  Address: \_\_\_\_\_  
Guardian Home Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Guardian Cell Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_  
Guardian Email: Same as Participant  \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_

## Parent / Guardian Agreement

I, the parent / legal guardian of the registrant, a minor, agree that I have read the wrestling handbook, and the registrant and I recognize the possibility of physical injury associated with wrestling, I hereby release, discharge, and / or otherwise indemnify River Falls Wrestling including the sponsors, their employees, and associated personnel, including the owners of the facilities utilized for the program, against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the program. River Falls Wrestling Booster Club, River Falls Toss & Turn, River Falls Wrestling Coaching Staff and the River Falls School District cannot be held liable for injuries sustained during practice or tournaments. Wrestlers not adhering to the rules of the practices will be asked to leave. We will not be responsible for any child asked to leave early. Please inform your child of this rule and be prepared to provide early transportation home if your child is asked to leave. We want to provide a quality wrestling education and safe place to learn.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_