

# Wrestler Registration Form

Please answer all questions that apply; For questions that do not apply please print "N/A" in the space provided. Please keep us informed of any changes. Please present identification at the time of submitting this form. Thank you!!

## Parent Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Birth Date \_\_\_\_\_ Email \_\_\_\_\_  
Driver's Lic \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

## Wrestler Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Birth Date \_\_\_\_\_

## Emergency Contact: If the same as above please leave blank

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

## Age Groups & Weights

### Please circle the appropriate Age Group and Weight

Rookie (born 2006-2007) Weights: 35, 40, 45, 50, 55, 60, 65, 70, 75

Bantam (born 2004-2005) Weights: 40, 45, 50, 55, 60, 65, 70, 75, 75+

Intermediate (born 2002-2003) Weights: 50, 55, 60, 65, 70, 75, 80, 87, 95, 103, 112, 120, 120+

Novice (born 2000-2001) Weights: 60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 120, 130, 140, 140+

MS = Middle School (born on or after September 1st 1997-2000) Weights:  
75,80,85,90,95,102,110,117,125,132,140,150,160,175,195,220,275\*\*\*

## Credit Card/Payment Information

First Name \_\_\_\_\_ Last \_\_\_\_\_ Type \_\_\_\_\_  
Number \_\_\_\_\_ Ex Date \_\_\_\_\_ CVV \_\_\_\_\_  
Zip Code (Associated with this Account) \_\_\_\_\_

Pre Registration Price - \$35

**Pre Registration Cutoff Date is January 22, 2012**

Post Registration Price - \$50

## Additional Wrestler Information

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

How did u hear about us? \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Dental Insurance Information: \_\_\_\_\_

Physicians Name and Number: \_\_\_\_\_

Have you suffered any major injuries in the past? Y \_\_\_\_\_ N \_\_\_\_\_

If Yes please be specific \_\_\_\_\_

**GRACIE TOURNAMENTS / JAVIER VAZQUEZ WRESTLING**

**MEDICAL RELEASE FORM**

Competitor Name: \_\_\_\_\_  
Responsible party name: \_\_\_\_\_  
Relationship to competitor: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
Competitor DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, understand that by entering this competition I will be competing or coaching at my own risk and knowingly, voluntarily, and expressly waive any claim I may have against Rose Gracie, Javier Vazquez, Eddie Ruiz, Showtime Jiu-Jitsu Inc., CAGWA, The Gracie Family, Acai Roots, Nutrition 4 Less, Allstate Insurance, Under-GI, Gracie Academy, Zebra Mats, Super Body Care, Crosscore, The Los Angeles Fitness Expo, National Fitness Productions, Creation Entertainment, Iron Man Magazine, The Los Angeles Convention Center and The City Of Los Angeles, their service contractors and the officers, directors, and any heir, successor, assign, executor, employee, member, representative, sponsor, owner or director of all of them by any third party as a direct or indirect result of my participation in any activity and employees of all of the same from and against any and all causes of action, liabilities, losses, claims, cost, damages (including personal injuries), or expenses, including reasonable attorneys' fees, arising out of or in connection with my participation in the program or any activity, contest or promotion held in conjunction with The Los Angeles Fitness Expo . I further understand that tickets will be sold to spectators of this event and that pictures and videos might be taken of the event and they might be shown to audiences around the world. I hereby consent to have my likeness shown, publicized, commented, and/or reported on; and I waive any compensation I might be entitled to as a result thereof.

**\* For Gracie Nationals Only - As an adult competitor I understand that I might be tested for Performance Enhancing Drugs and this test will be conducted at the Event. Further Blood testing might be required within a month of the competition.**

I \_\_\_\_\_ (parent or legal guardian's full name), hereby certify that I am a parent or legal guardian of the above named minor; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement on behalf of the minor and myself.

**I HAVE READ THIS ENTIRE DOCUMENT. I UNDERSTAND AND AGREE TO IT'S TERMS:**

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Signature

Date