



NOVA SCOTIA ARM WRESTLING ASSOCIATION

Name _____ Year of Birth _____

Mailing Address _____

City _____ Province _____

Postal Code _____ Telephone (____) ____ - ____

Club _____

E-Mail: _____

In becoming a member I agree to all Canadian Arm Wrestling Federation and Nova Scotia Arm Wrestling Association rules and regulations. Infractions may lead to disciplinary action.

I hereby release the Nova Scotia Arm Wrestling Association, its referees, sponsors, promoters, host, and organizers of any and all liability for any injury I may receive from a practice or competition.

There is inherent risk with every sport and you must protect yourself at all times. If you feel you cannot, please remove yourself from participating in the event.

Date _____

Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____