

EAST GLACIER PARK LITTLE GUYS WRESTLING REGISTRATION & CONSENT FORM

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City _____ State _____ Zip _____

Weight _____ lbs. Age _____ Grade _____ DOB _____

Home Phone: _____ Cell Phone/Pager: _____ Email: _____

T-Shirt Size (circle one): XXL XL L M S YXL YL YM YS YXS

~~Short Size (circle one): XXL XL L M S YXL YL YM YS YXS~~

EMERGENCY INFORMATION

Name of Emergency Contact: _____

Work Phone: _____ Cell Phone/Home: _____

Family Physician's Name and Address: _____

Physician's Phone: _____

In the event that a parent/guardian cannot be reached: Please list any special health concerns and/or emergency information: _____

Medical Release/Liability Form

As a condition of enrollment the following disclaimer of liability must be signed and dated by the wrestler's parent/guardian.

I verify that my WRESTLER has been checked by a licensed physician and he or she is physically able to participate in the wrestling practices and competitions which include technique, drilling, scrimmage wrestling, and fitness sessions. In this wrestling club competition or practice, I hereby authorize the directors of the club to act accordingly to their best judgement in an emergency requiring medical attention for illness or injury. I hereby waive and release the East Glacier Park Little Guys Wrestling Club and its directors from any damages arising from illness or injury while attending this competition or practice.

The wrestler attending and/or participating in the wrestling club, camp or practice, does so at his/her own risk. The Wrestling Club, coaches and staff shall not be liable for any damages arising from personal illness or injury sustained by the wrestler while participating in this camp, club or practice. The wrestler and parent/guardian assume all responsibility for damages, injuries, or illness which may occur to the wrestler during this club season and practice sessions and so hereby fully and forever exonerate and discharge the wrestling club, directors, staff and coaches and any agents from any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same be anticipated or unanticipated resulting from or arising out of wrestlers' participation in this club, camp or practice.

PARENTAL CONSENT for Participation and Medical Treatment, _____ has permission to participate in wrestling with East Glacier Park Little Guys Wrestling. I understand the club does not provide student insurance and I am responsible for any medical expenses that may be incurred as a result of participation in this activity. I also acknowledge there are inherent risks involved in any athletic activity. In consideration of my child participating in this sport, consent is given for emergency medical treatment, hospitalization or other medical treatment by a physician and/or hospital in the event of injury or illness, and waive any liability of Little Guys Wrestling Club, its agents or employees arising out of such medical treatment.

Parent(s) Signature: _____ Date: _____