



WESTSHORE WRESTLING CLUB REGISTRATION AND WAIVER

Wrestler's Last Name: _____ Wrestler's First Name: _____

DOB: _____ Grade: _____ Age: _____ Experience: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Dad Cell: _____ Mom Cell: _____

Dad E-mail: _____ Mom E-mail: _____

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

I/We authorize the Westshore Wrestling Club to share my/our name, city, email address and phone number with other Westshore Wrestling Club parents for the purpose of car pooling, tournament information, and other wrestling related events and/or activities.

Yes No

LIABILITY WAIVER

Having been informed of the organization of the Westshore Wrestling Club, to provide supervised wrestling for children, I/We, the parents or legal guardian of the above named candidate, do hereby give my/our approval to his/her participation in any and all of the activities during the current season. I/We do assume all of the risks and hazards incidental to the conduct and the transportation to these activities. I/We do further hereby release, absolve, indemnify, and hold harmless the Westshore Wrestling Club, the organizers, sponsors, coaches, assistants, any or all of them. In the case of injury to my/our child, I/We hereby waive all claims and charges against the organizers, sponsors, coaches, or assistants appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities.

LIMITED POWER OF ATTORNEY

As parents or legal guardian, I/We authorize representatives of the Westshore Wrestling Club to seek emergency medical care for my child. I/We also agree that in an emergency, medical services be allowed to transport and care for my child as long as reasonably practical.

MEDICAL HISTORY

Physician's Name: _____

Hospital: _____

Allergies, conditions, medications being taken and any physical impairments to which a physician should be alerted to:

Parent/Guardian Signature: _____ Date: _____

www.westshorewrestling.com