

PARENT CONSENT & WAIVER FORM

Wrestler's Name: _____ Grade: ____ Date of Birth: _____

Parent's/Guardian Name: _____

Parent's/Guardian **Email**: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: Home _____ Work _____

Dad Cell _____ Mom Cell _____

Please indicate another person to contact in the event of an accident and we are unable to reach you.

Name: _____ Telephone Number: _____

Insurance Company: _____ Policy Number: _____

Is your son presently on medication? YES NO

If yes, please list medications: _____

Drug Sensitivities: _____ Allergies: _____

Please read the alternative statements below and sign under the one you choose.

DO NOT SIGN MORE THAN ONE STATEMENT.

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are done on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Signature of Parent/Guardian: _____ Date: _____

OR

2. If my child needs medical treatment while participating, it is my wish that the treatment be begun while efforts are being made to contact me so that the treatment is not delayed, and consent of any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all cost related to such treatment.

Signature of Parent/Guardian: _____ Date: _____

Liability Waiver

In consideration of accepting this application, I hereby for myself, my heirs, executors and assigns, do waive and release any and all claims and right for claims for damages I may have against Palmer Wrestling Club, Palmer Public Schools, Huskerland Wrestling Association, Sponsors, Coaches, Directors and their subcommittees, agents, representatives, and assigns, for any and all injuries suffered by me or by my child during wrestling practices or competitions, or in any way connected by the Palmer Wrestling Club.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Wrestler's Signature: _____ Date: _____

Parent's/Guardian's Signature and Relationship: _____