

Winnetonka Youth Wrestling

Registration and Medical Waiver Form

Registration Information:

Emergency Contact Information:

Health Information:

Wrestler's Name: _____

Date of Birth: ____/____/____

Age: _____

Parent/Guardian Name: _____

Relationship: _____

Address _____ City _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Email Address: _____

Please list any medications your child is currently taking or any know medical conditions:

Drug Sensitivities/Allergies:

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

Parent/Guardian: _____ Date: _____

Please indicate another person to call if an accident occurs and we are unable to reach you.

Name _____ Relationship _____

Phone Number (____) _____ - _____

WRESTLER'S WAIVER AND RELEASE OF LIABILITY

(READ BEFORE SIGNING)

In consideration of being allowed to participate in any way in Winnetonka Youth Wrestling (hereinafter referred to as "RELEASEE") athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this sport maybe significant, as in many other sports; this does not exclude the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Winnetonka Youth Wrestling, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from the negligence of the RELEASEES or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ DATE SIGNED: _____

(Participant's Signature)

_____ DATE SIGNED: _____

(Parent's Signature)

FOR PARTICIPANTS OF MINORITY AGE - (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the above named Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless said Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING OUT OF THEIR POTENTIAL NEGLIGENCE.

_____ DATE SIGNED: _____

(Parent's Signature)