BLACKMAN WRESTLING CLUB

REGISTRATION FORM

WRESTLERS NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____ AGE ON JANUARY 1, 2018: _____ WEIGHT: _____

SCHOOL ENROLLED: _____ GRADE: _____

PARENT/GUARDIAN: _____ _____
FATHER MOTHER

ADDRESS: _____
Street City Zip

HOME PHONE: _____ CELL - Father: _____

CELL - Mother: _____

EMAIL (father): _____ EMAIL (mother): _____

PREFERRED EMAIL CONTACT: _____

PRIOR EXPERIENCE: WRESTLING: Y / N YEARS: _____

MARTIAL ARTS: Y / N YEARS: _____
discipline: _____

Parent/Guardian experience with wrestling: _____

OFFICIAL USE ONLY

CLUB INFORMATION	
AAU CARD NUMBER:	
WEIGHT CLASS:	
MEDICAL CONSENT/WAIVER	Y / N
LIABILITY WAIVER	Y / N

BLACKMAN WRESTLING CLUB

EMERGENCY MEDICAL CONSENT FORM

WRESTLERS NAME: _____ DOB: _____

LAST FIRST MIDDLE

PARENT/ LEGAL GUARDIAN: _____ _____

FATHER MOTHER

ADDRESS: _____

Street City Zip

HOME PHONE: _____ CELL - Father: _____

CELL - Mother: _____

EMAIL (father): _____ EMAIL (mother): _____

ALLERGIES: _____

(Use a separate sheet if needed)

MEDICAL CONDITIONS: _____

(Use a separate sheet if needed)

MEDICATIONS: _____

(Use a separate sheet if needed)

INSURANCE PROVIDER: _____ Policy #: _____

Blackman Wrestling Club (hereinafter "Club"), its volunteers and representatives are hereby granted permission to seek and obtain emergency medical treatment for my child, _____, who is injured or becomes ill while participating in any activity, event or practice in the event I/we, the parents(s) or legal guardian(s), cannot be reached. Further, this acknowledges that I/we the undersigned, parent(s) or legal guardian(s) of _____ recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where we cannot be contacted, we give permission to a medical professional to render such treatment as would be normal and assume all financial responsibility for any treatment of injuries sustained by my child.

I/We release Club, its agents, its volunteers, and any owned, loaned or leased facilities from any personal injuries or damages caused by or resulting from my child participating in this activity.

I/We understand that this release applies to any present or future injuries. I/We further certify that to my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities and that my child agrees to abide by all rules and regulations of the sport and the facility.

_____ Date: _____

Signature of Parent(s)/Legal Guardian

Relationship to participant (circle): Mother Father Legal Guardian

WAIVER AND RELEASE OF LIABILITY

I, (PARENT/LEGAL GUARDIAN) _____, the undersigned, on behalf of myself, my heirs and next of kin, hereby RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE BLACKMAN WRESTLING CLUB (hereinafter "Club"), its coaches, members, volunteers, and any and all participants, as well as all affiliates of Club, lessee and operators of premises used to conduct any Club events, practices or activities from any and liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that my child may hereafter have for PERSONAL INJURY, PERMANENT, TEMPRORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND AN OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my child's participation in events, practices or activities, but not limited to LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

Releaser understands and acknowledges that Club activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASEER EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPRORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND OTHER LOSSES OR DAMAGES TO, PERSON OR PRPERTY OR DEAHT, sustained while participating in, attending practice or activities, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

Releaser acknowledges and fully understands that each participant in Club events, practices or activities, will be engaging in activities the involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only form participants own action, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition or the premises or of any equipment used. Further, Releaser acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

_____

(Parent's Signature) (Date) (Printed Name)

The undersigned, _____, does hereby represent that he/she is in fact the legal guardian of _____ and acting is such capacity agrees to the terms and conditions of the above stated waiver and release.

_____

(Guardian's Signature) (Date) (Printed Name)