

# Elmhurst Wrestling Club

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Wrestler's Name:

Street:

City:

Zipcode:

DOB:

Grade:

School:

Wrestled Before:

Yrs of Experience:

Height:

Weight:

Parent/Guardian(s) Name:

Email(s):

Cell#

Cell#

**Emergency Contact:**

Name:

Phone:

Relationship:

Family physician:

Phone:

Is your child currently taking any medications?

Please list:

Is your child allergic to any medications or have other allergies?

Please list:

Last physical exam:

Please check if any of the following apply:

Contact lenses:

Diabetes:

Asthma:

Joint Surgery:

Back injury:

Concussion:

Shoulder Separation:

(In the last two years have any of the following occurred)

Fracture:

Shoulder Injury:

Joint Injury:

Please give details below for any conditions above or any conditions not mentioned above:

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

Wrestler's Name:

Parent/Guardian Name:

Today's Date:

# Elmhurst Wrestling Club

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## EMERGENCY MEDICAL TREATMENT AUTHORIZATION MEDICAL/SURGICAL RELEASE

In the event my child/ward requires medical treatment, it is my wish that treatment begin while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician deems necessary on the understanding that efforts to contact me will continue to be made.

I ACCEPT RESPONSIBILITY FOR ALL COSTS RELATED TO THAT TREATMENT.

Wrestler's Name:

Parent/Guardian Name:

Signature:

Today's Date:

## Elmhurst Wrestling Club

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT

#### **Release and Waiver of Claims:**

In consideration of being allowed to participate at the Facility known as Elmhurst Wrestling Club. I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity. For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against Elmhurst Wrestling Club, its coaches, members, managers, employees, agents, servants, and volunteers arising out of my use of the facility.
2. To release, Elmhurst Wrestling Club, its coaches, members, managers, employees, agents, servants, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of, Elmhurst Wrestling Club, its coaches, members, managers, employees, agents, servants, and volunteers in the operation, supervision, design or maintenance of the Facility.

#### **Assumption of Risk**

1. I am aware that there are certain inherent risks, dangers and hazards associated with engaging in wrestling that can result in serious personal injury or death. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury associated with any use of the Facility. I further recognize and acknowledge that the risks inherent in engaging in wrestling can be greatly reduced by seeking instruction from a trained professional, consulting with my physician, using common sense and following the Rules and Regulations of the Facility. I certify that I am in good physical condition and have no known disabilities that might be detrimental to my health or well-being. I acknowledge that the participant has the requisite skills, qualifications and/or physical ability to properly and safely participate.

2. I hereby acknowledge that the participant/parent is responsible for costs (health, emergency, etc.) related to participation.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent or Guardian must sign if the participant is UNDER 18

Participant Signature:

Today's Date:

Parent/Guardian Signature:

Today's Date:

Parent/Guardian Signature:

Today's Date: