

Center Grove



Center Grove Wrestling Club
Information Phone Numbers:
881-0581 Ext. 1287
881-0581

Club Registration Includes:

- Club T-Shirt
- USA Wrestling Competitor Card (includes 12 month magazine subscription to USA Wrestler)
- Access to organized practices
- Access to coaching during competition

Wrestling Club

Athletes must produce a copy of their birth certificate at registration.

Registration and Waiver Form

Last Name: _____ First Name: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____ Weight: _____

Phone: _____ School: _____ E-Mail: _____

Mothers Name: _____ Father Name: _____

T-Shirt Size: _____

Payment Method: Cash: _____ Check: # _____

Program Waiver and Release of All Claims

Please read this form carefully and be aware that signing up and participating in the Center Grove Wrestling Club program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any, and all activities connected with and associated with this program: including transportation services, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participate in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages, or losses regardless of the severity that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against the Center Grove Wrestling Club, including its officials, agents, and volunteers (hereafter collectively referred to as the Center Grove Wrestling Club).

I do hereby fully release and forever discharge the Center Grove Wrestling Club from any and all claims for injuries, damages, or loss that my minor child/ward, or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or any way associated with this program.

I have read and fully understand the above important information, warning of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Medical Consent

Name of your primary Insurance Company: _____ Policy Number: _____

Family Physician: _____ Phone: _____

Presently on Medication?: _____ If yes, please list medication(s): _____

Drug sensitivities or allergies: _____

Please indicate another person to call if an accident occurs:

Name: _____ Phone: _____

Parent or Guardian of minor must read and complete the following:

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a minor's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the section with his/her signature.

____ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

____ If my child, named above, needs medical treatment it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child is not delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: _____ Date: _____

Consent to Use Photos

Your signed consent is required for the Center Grove Wrestling Club to use photographs of your child on promotional items and on our website, www.centergrovewrestling.com. Your signature below gives the Center Grove Wrestling Club permission to use such photos.

Parent/Guardian Signature: _____ Date: _____