



REGISTRATION / PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT  
(PLEASE PRINT)

Wrestler's Name \_\_\_\_\_ Date of Birth (m/d/yr) \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Years of wrestling experience: \_\_\_\_\_ Wrestling awards: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Parent e-mail \_\_\_\_\_ Wrestler e-mail \_\_\_\_\_

**Please initial if it is ok to list the above information on Tech Team Roster \_\_\_\_\_**

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The following information will be kept confidential.

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_ Hospital \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**The wrestler listed above has been granted permission to participate in wrestling activities as sanctioned by USA Wrestling and the Tech Team Wrestling Club. The wrestler has received a physical examination and is fit to participate.**

**Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_**

Please read the alternative statements below and sign under the **one** that you choose. Sign only **one**!

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

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

2. 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 is 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 Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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**Club use only**

Weight: \_\_\_\_\_

Fees Paid:

Club dues: \$60 / \$30 Singlet: \$ \_\_\_\_\_ Size: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ USA Card: \_\_\_\_\_ Card # \_\_\_\_\_

Total Fees paid: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_ CK#: \_\_\_\_\_

Balance deferred: \$ \_\_\_\_\_ Date due: \_\_\_\_\_ Club Rep: \_\_\_\_\_ Date: \_\_\_\_\_



## WAIVER AND RELEASE FROM LIABILITY

1. I, \_\_\_\_\_ the undersigned, on behalf of myself; my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE TECH TEAM WRESTLING CLUB, (Releasee) its insurers, its affiliated clubs, administrator, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Tech Team Wrestling Club, Metro Sports Foundation, Urban Plains Center and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any Tech Team Wrestling Club sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, arising out of my participation in, attendance at or traveling to and from any Tech Team Wrestling Club sanctioned event or activity including, 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.

2. Releasor understands and acknowledges that Tech Team Wrestling Club sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any Tech Team Wrestling Club sanctioned event(s), meet(s), practice(s) or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any Tech Team Wrestling Club sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that 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 from Releasor's own actions, inaction's or negligence, but also from the actions, inaction's or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor 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.

4. Releasor understands that they are responsible for their child's transportation to and from Tech Team Wrestling Club sanctioned events or activities which include meets, duals, tournaments and practices.

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

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

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to minor