WARRIOR WRESTLING CLUB

EMERGENCY INFORMATION FORM

Wrestler Information

Wrestler's Name _____ Birthdate: ___ / ___ / _____
Last First Middle

Address _____ _____
Street City State Zip

Phone (____)_____ Social Security # _____-_____-_____ Sex: ☐Male ☐Female

Parent's Name – Mother _____ Father _____

Parent's Employer – Mother _____ Father _____

Parent's Phone – Mother _____ Father _____

Daytime Phone – Mother _____ Father _____

If parent/guardian cannot be reached, please notify _____
Name Phone

Insurance Information

Family's Primary
Insurance Company _____ Phone _____

Circle One: *Individual* *Group* *HMO* *None* Policy No. _____ Group No. _____

Primary Physician _____ Phone No. _____

Insurance Parent/Guardian Name _____ Employer _____

List any known ALLERGIES (Medications, Foods, etc.) Be specific. _____

_____

_____

List any Medication taken on a regular basis. _____

_____

Additional Comments _____

_____

I hereby give my consent for _____ to compete in the TAWA/USA Wrestling Organization and to travel with the coaches or other representatives/parents of the Warrior Youth Wrestling Club on any trips. My child and I are aware that participating in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic and other reasonable risk conditions associated with this sport. All such risks to my child are known and understood by me.

If, in the judgment of the coaches or any representative/parents involved in the Warrior Youth Wrestling Club, my child needs immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said child by any physician, trainer, nurse, hospital, or representative/parent of the Warrior Youth Wrestling Club; and I do hereby agree to indemnify and save harmless any coach or representative/parent of the Warrior Youth Wrestling Club from any claim by any person whomsoever on account of such care and treatment of said child.

I understand this informed consent and agree to its conditions on behalf of my child.

Child's Signature _____ Date _____

Parent's Signature _____ Date _____