



Bozeman Hawk Wrestling Club 2011-2012 Registration

Please Print

Wrestler's Name _____ Date of Birth _____

Parent/Guardians Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell or Work Phone _____

E-mail address _____

Please indicate another person to contact in case of emergency & we are unable to reach you:

Name _____ Phone # _____

Insurance Company _____ Policy # _____

Family Doctor _____ Phone # _____

Is your child presently on Medication: _____ If yes please list:

Drug Sensitivities: _____ Other Allergies _____

Date of your child's last complete physical exam by a medical doctor: _____
(If more than a year ago please complete a medical history questionnaire)

T-Shirt Size: YS YM YL AS AM AL Wrestler's Weight _____

USA Wrestling Card #: _____

FEES:

Group 1- 6 wk session \$50 _____

Wrestler #1 - \$70 _____

Wrestler #2 - \$65 _____

Wrestler #3 - \$65 _____

Wrestler #4 - \$65 _____

Paid _____ Ck _____ Cash _____

Please read both of the statements below and sign under the **ONE** you choose.

PLEASE 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 _____

OR

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 cost related to such treatment.

Parent/Guardian Signature _____ Date _____

PARTICIPANT'S WAIVER AND RELEASE

In consideration of being allowed to participate in any way in USA Wrestling's athletics/sports program, and related events and activities, the undersigned:

- A. Agree that prior to participating, they each will inspect the facilities and equipment to be used and if they believe anything to be unsafe they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.
- B. Acknowledge and fully understand that each participate will be engaged in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction's or negligence, but the actions, inaction's or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- C. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- D. Release, waive, and discharge and covenant not to sue USA Wrestling, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leaser of premises use dot conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the undersigned, his/her heirs and next of kin, and any and all claims, demands, losses or damages on account or injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

Wrestlers Name (PLEASE PRINT) _____

Signature (parent if under 18) _____ Date _____