This packet contains medical information forms and a sample waiver and release from liability form. In today's climate of insurance claims and liability action, the use of these forms is mandatory by your club and/or league.

**Parent's Medical Instructions**

This form can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment.

**Medical History Questionnaire**

If you are traveling and one of your athletes needs medical attention, this information can be of great value to an attending physician.

The parent's Medical Instruction and the Medical History Questionnaire for each athlete should be kept in a sealed envelope with his name on the outside in or with the club's medical kits. It is recommended that the kit also should have a list of emergency phone numbers for each club member, along with the standard 911, police, ambulance, fire, etc., phone numbers.

**Participant's Waiver and Release From Liability Form**

This form provides the club administration a copy of a standard participant's waiver and release from liability form. It is mandatory that club administrators have this form signed in addition to the form attached to the membership card. **Failure to obtain a waiver and release on members will result in a loss of insurance coverage.**

Please keep medical forms for no less than 18 months.

You must keep all Waiver and Release forms for 7 years.
USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name ___________________________ Date of Birth ___________________

Parent/Guardian Name ___________________________ Relationship ___________________

Address _________________________________________________________________

Home Phone ___________________________ Work Phone ___________________________

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

Name ___________________________ Phone No. ___________________________

Insurance Company ___________________________ Policy No. ___________________________

Family Doctor ___________________________ Phone No. ___________________________

Is your child presently on medication? _____________ If yes, please list medication(s):

______________________________________________________________

Drug Sensitivities ____________________________________________________

Other Allergies ______________________________________________________

Date of your child's last complete physical examination by a medical doctor

If this is more than one year ago, please complete the accompanying medical history questionnaire.

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 am 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 is 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 ________________

Wrestler’s USA Wrestling Card No. ___________________________

Name of Club __________________________________________

Coach's Name ___________________________ Phone Number ___________________________
USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: __________________________ USA Card No.: __________________________

Emergency Contact: __________________________ Phone No.: __________________________

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

Yes  No  1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) __________________________

Yes  No  2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed __________________________

Yes  No  3. Have you ever had an epileptic seizure or been informed that you might have epilepsy? __________________________

Yes  No  4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use. __________________________

Yes  No  5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia? __________________________

Yes  No  6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly __________________________

Yes  No  7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
   Heart disease (rheumatic fever)  Liver disease (hepatitis)
   Kidney disease (infections)  Lung disease (pneumonia)

Yes  No  8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly __________________________

Yes  No  9. Do you presently have an unrepaired hernia? __________________________

Yes  No  10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each __________________________

Yes  No  11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each __________________________

Yes  No  12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. __________________________

Yes  No  13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
   Permanent bridge  Permanent crown or jacket
   Braces Full plate  Removable partial plate
   Permanent retainer  Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.
Yes  No  14. Do you wear contact lenses during competition?

Yes  No  15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened ________________________________

Yes  No  16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury. _______________________________________

Yes  No  17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done. _______________________________________

Yes  No  18. Have you ever had an injury to your back?

Yes  No  19. Do you experience Pain in your back? If yes, indicate frequency:
    Seldom   Occasionally   Frequently   With vigorous exercise   With heavy lifting

Yes  No  20. Have you injured your knee during the past 2 years with severe swelling as a result?

Yes  No  21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?

Yes  No  22. Have you ever been advised to have surgery to correct a knee problem?

Yes  No  23. If the answer to No. 22 is yes, has the surgery been completed? Date ____________________________

Yes  No  24. Have you experienced a severe sprain of either ankle during the past 2 years?

Yes  No  25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:
    ______________________________________

Yes  No  26. Do you have any chronic conditions that have not been mentioned above? If so, explain:
    ______________________________________

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature ____________________________ Date _________________

Parent/ Guardian Signature ____________________________ Date _________________
USA Wrestling
Waiver and Release from Liability

1. I, ______________________________, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, 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 USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") 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 DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling 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. Releaser understands and acknowledges that USA Wrestling 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 DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice 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. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, 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 releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

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

__________________________________________   ____________________________   ____________________________
(Participant's Signature)                     (Date)                                (Print Name)

The undersigned, _____________________________does hereby represent that he/she is, in fact, the parent or legal guardian of _____________________________ 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)