



Wrestling University Training Center

Athlete's Name: _____ Birth Date: _____

Age of Athlete: _____ Weight: _____

Parent(s) Names: _____

Cell: _____ Email address: _____

Address: _____

School: _____ Grade: _____

of years of experience including this year: _____

List all accomplishments: _____

Record this year: _____ Record last year: _____

How can I help you the most: _____

USA Wrestling Card #: _____

I have provided a VALID USA card number and above information. I understand the practice times and have arranged for my child to be picked up on time after practice.

Parent or Guardian Signature (if under 18):

Print Name: _____

Signature: _____ **Date:** _____



Wrestling University Training Center

Name of wrestler (s) - _____

I fully understand that the Wrestling University Training Center staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Wrestling University Training Center staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Wrestling University Training Center staff to call our doctor and to seek medical help, including transportation by a Wrestling University Training Center staff member and / or its representatives, whether paid or volunteer, to any healthcare facility or hospital, or the calling of an ambulance for said child should the Wrestling University Training Center staff deem this to be necessary.

We, the staff of Wrestling University Training Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of wrestling. Students may suffer injuries; minor, serious, or catastrophic in nature or even death in rare cases. Wrestling, tumbling and conditioning exercises can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Wrestling University Training Center, its coaches and other staff members, will not accept responsibility for injuries sustained by any student, parent, guardian, relative or friends during the course of wrestling, tumbling, conditioning or other training methods associated with the sport of wrestling, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the workout sessions or wrestling-related events.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Wrestling University Training Center. I, my executors or other representatives waive and release all rights and claims for damages that I or my child may have against Wrestling University Training Center and or its representatives whether paid or volunteer.

I also understand that it is the parent's responsibility to warn the child about the dangers of wrestling and injury. The parent should warn the child according to what the parent feels is appropriate. Wrestling University Training Center will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____



Wrestling University Training Center

Medical conditions:

Please list below any medical concerns regarding your child/children that the Wrestling U staff should be aware of:

*The parent or guardian is responsible for sending the wrestler to Wrestling U events with their required medications, inhalers, etc. If unprepared, your child/children will not be allowed to participate in any Wrestling U events.

Medical Insurance Company and Policy #

** You must have Medical Insurance at all times in order to begin or continue participating in any Wrestling U events.*

All information I have provided on this application is accurate.

Parent or Guardian Signature: _____ **Date:** ____ / ____ / ____