



USA Card #: _____

Monthly dues: \$ _____

PERMISSION TO PARTICIPATE IN WRESTLING

Participant's Name: _____ Home Phone: _____

Parent's or Guardian's Name: _____ Work Phone: _____ Cell# _____

Address: _____ City: _____ Zip: _____

If you cannot be reached in case of emergency, whom do you wish to be notified?

Name: _____ Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Cell# _____

Address: _____ City: _____ Zip: _____

If the physician, parent, or guardian cannot be reached immediately, what action should be taken? _____

INJURY WAIVER:

I am aware of the potential dangers of participation in California USA Wrestling State and Local wrestling events. I realize that there is a risk of being injured in all sports, no matter how many precautions are taken. I realize that this risk of injury may be severe, including varieties of fractures, sprains, contusions, brain injuries, paralysis, or even death. I further realize that my son/daughter needs to follow carefully all of the guidelines given by the coaching staff and the tournament/event organizers regarding training rules, safety procedures, proper use of equipment, legal and safe playing techniques, and any and all other safety procedures. I understand that even if all of the above is done, my son/daughter may still incur injury through participation in wrestling. I agree to hold harmless California USA Wrestling, the participating school district, the participating high school, and the coaching staff should such injury occur.

I have read and understand the above statement and I give my permission for my son/daughter to participate in California USA Wrestling. I also give permission for the above named participant to be transported to and from tournament events:

Parent/Guardian Signature: _____ Date: _____

Participants Signature: _____ Date: _____

Wrestler Information:

DOB: _____ Weight: _____ Tshirt size: _____

Short Size: _____ Singlet size: _____

Thank you for joining USA TEAM CONQUEST