

**AMA WRESTLING CLUB
PERMISSION TO PARTICIPATE IN WRESTLING**

Please complete ALL information on this page

Wrestler's Information		Parent/ Guardian Information	
Name:		Name:	
Date of Birth:	Age:	Address:	
School:	Grade:	City:	Zip:
Address:		Home Phone:	
City:	Zip:	Cell Phone:	
Phone:		Email:	
Approximate Weight:		Name:	
Wrestling Experience:		Address:	
		City:	Zip:
		Home Phone:	
		Cell Phone:	
		Email:	

MEDICAL RELEASE STATEMENT

In the event of a medical emergency, and whereas I/We the parent(s)/guardian(s) of _____ give permission to *AMA Wrestling Club* coaches to authorize all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or Dentist (D.D.S.). This care is authorized under whatever conditions are necessary to preserve the life, limb, or well being of the child named above. Permission is granted during the duration of the wrestling season.

Signatures Required

Parent/ guardian signature _____ Parent/ guardian signature _____

Emergency Medical Information		Emergency Contact Information	
Health Ins. Co:	Policy#	Name:	
Physician:	Phone:	Relationship to wrestler:	
Address:		Phone(s):	
City:	Zip:	Name:	
Dentist:	Phone:	Relationship to wrestler:	
Address:		Phone(s):	
City:	Zip:		
Allergies:	If you cannot be reached, what action do you want <i>AMA Wrestling</i> to take?		
Medical Conditions:			
Medication taken reg:			

Disclaimer

I am aware of the potential dangers of participation in California USA Wrestling state and local 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 have read and understand the above statement _____ (initial)

I have read and understand the above statement and I give permission for my son/daughter to participate in California USA Wrestling.

Parent/guardian Signature _____

Participant Signature _____

For *AMA Wrestling* use only:

USA card#	DOB:	Verified by:	Weight:	Yrs. Exp:	Reg fees pd./ Chk#
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