



# 2009-2010 APPLICATION TO PARTICIPATE IN THE STATELINE WILDCATS WRESTLING CLUB, INC.



The following information is needed to place your child at the appropriate wrestling level, as well as provide instructions should an athlete become injured or need emergency treatment. Please also provide a certified Birth Certificate with this registration. All information will be kept confidential.

## MEMBER INFORMATION

Wrestler's Name:		Date of Birth:	
Street Address:		Age as of 11/1/09:	
City, State, Zip:		Years Experience:	
Home Phone:		USA Card #:	
School Name:		Shirt Size:	
Level:	<input type="checkbox"/> Bantam (age 8-Under) <input type="checkbox"/> Junior (ages 9-10) <input type="checkbox"/> Novice (ages 11-12) <input type="checkbox"/> Senior (ages 13-14)		
1 <sup>st</sup> Parent/Guardian Name:		Relationship:	
Email addy:		Home/Cell Phone #:	
2 <sup>nd</sup> Parent/Guardian Name:		Relationship:	
Email addy:		Home/Cell Phone #:	
Family Doctor:		Phone #:	
Insurance Company:		Policy #:	
<b>IN CASE OF EMERGENCY, PLEASE CALL:</b>		<b>Contact:</b>	
		<b>Phone:</b>	
<b>Please indicate another person to call if an accident occurs and we are unable to reach you:</b>		<b>Contact:</b>	
		<b>Phone:</b>	

## HEALTH/MEDICAL HISTORY - Please read the alternative statements below and check the one that you choose. Check only one!

- 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.
- 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: \_\_\_\_\_

The following information can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment. Please circle the correct answers, to the best of your knowledge. All information will be confidential.

Date of your child's last complete physical exam by a medical doctor:			
Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so, please list below.	Yes	No	Do you wear contact lenses during competition?
Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please list below.	Yes	No	Have you had a fracture in the past 2 years? If so, indicate which bone was broken and date below.
Have you ever had an epileptic seizure or been informed that you have epilepsy?	Yes	No	Have you had a shoulder dislocated, separated, or other injury in the past 2 years that incapacitated you for a week or longer? If so, give the date below.
Have you ever been treated for diabetes? If so, please indicate below the type(s) of insulin or pills you use.	Yes	No	Have you ever had surgery to correct a shoulder condition? If so, give date below and what was done.
Have you been diagnosed as anemic or had sickle cell anemia?	Yes	No	Have you ever had an injury to your back?
Do you have high blood pressure? If so, list medication that you take regularly below.	Yes	No	Do you currently experience pain in your back? If yes, indicate frequency below.
Have you ever had: Heart disease, kidney disease, liver disease, lung disease?	Yes	No	Have you injured your knee in the past 2 years with severe swelling as a result?
Do you have asthma? If so, what medications, if any, do you take regularly?	Yes	No	Have you been told that you injured the ligaments/cartilage of either knee?
Do you currently have an unrepaired hernia?	Yes	No	Have you ever been advised to have surgery to correct a knee problem?
Have you ever been "knocked out" or experienced a concussion in the past 3 years?	Yes	No	If the above answer is yes, has the surgery been completed? List date below.
If the above answer is yes, did the physician have you stay overnight in a hospital? If yes, give dates of each below.	Yes	No	Have you experienced a severe sprain of either ankle in the past 2 years?



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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 dates of each injury below.	Yes	No	Have you had any injury to your foot/toes in the past 2 years? If so, explain below.	Yes	No
Do you wear any dental appliance? If so, indicate below.	Yes	No	Do you have any chronic conditions that have not been mentioned above? If so, explain below.	Yes	No

If you answered Yes to any of the questions above, please explain:

All medical history/information provided was completed to the best of my knowledge and was truthful. I hereby acknowledge that the club requests, but does not require, a thorough physical exam prior to participation. **Parent/Guardian Initials here:** \_\_\_\_\_

I/We agree to return, upon request, the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. **Parent/Guardian Initials here:** \_\_\_\_\_

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONTENT ("AGREEMENT") AND MINOR RELEASE

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I/we, the parents of the above named candidate to a position on the Stateline Wildcats Club, Inc., for myself/ourselves, my/our personal representatives, assigns, heirs, and next of kin, hereby give my/our approval to participate in any and all Stateline Wildcats Club, Inc., activities, including transportation to and from activities, and:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that the candidate is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, the candidate will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by the candidate's own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of the candidate's participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Stateline Wildcats Club, Inc., the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

AND I/WE, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I/WE, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I/WE WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

**I/WE HAVE READ THIS RELEASE**

\_\_\_\_\_  
1<sup>ST</sup> PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
1<sup>ST</sup> PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
2<sup>ND</sup> PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
2<sup>ND</sup> PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Fee Pd	Chk #	Amount	BC Rcd	SngltSz	HdGr#	Weight	Height
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