



Home of the Vikings



Junior Viking Wrestling Club Registration Form

Wrestler's Name _____ Age on August 31, 2013 _____

Date of Birth _____ School _____ Grade _____ Wt _____

Mother's Name _____ Cell _____ Father's Name _____ Cell _____

Alt Guardian's Name (if applicable) _____ Cell _____

Address _____ City _____ Zip _____

Hm Phone _____ Wk Phone _____ Email _____

In the event of an emergency and we are unable to reach you:

Emergency Contact _____ Phone Number _____

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone Number _____

Hospital Preference _____

Please give history of all applicable categories below:

Allergies: _____

Medical Conditions: _____

Medication: _____

Drug Sensitivities: _____

PLEASE READ THE TWO STATEMENTS BELOW AND SIGN UNDER THE ONE YOU CHOOSE:

1. If my child needs medical treatment while participating, it is my wish that the treatment begin while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____

2. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are done, unless immediate treatment is necessary to save my child's life or to prevent permanent injury. (Please understand that should your child get hurt and you are not available, you are preventing anyone from helping your child if you sign this statement).

Parent/Guardian Signature _____

Authorization to Participate (please read and sign below):

The above wrestler has been granted permission to participate in wrestling activities as sanctioned by USA Wrestling. The wrestler has received a physical examination by a physician and is fit to participate. In exchange for the privilege of the wrestler participation in these activities, I wave my legal claim against the Junior Viking Wrestling Club and those associated with these wrestling activities in the event the wrestler is injured in these activities and travel to and from the same.

Parent/Guardian Signature _____

NOTES

Record of Payment

Club Dues	\$ <u>75.00</u>	Check(amount/number) _____
Singlet	\$ _____	Cash(amount/its _____
Add Clothing	\$ _____	Date _____
Total	\$ _____	Collected By _____

PLEASE MAKE CHECKS PAYABLE TO JR. VIKING WRESTLING CLUB