

HUTCHINSON KIDS WRESTLING CLUB REGISTRATION

Participant's Name: _____ Home Phone: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____ School: _____ Grade: _____

Father: _____ Home Phone: _____ Cell Phone: _____

Mother: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Phone:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Doctor: _____ Phone Number: _____

Health Problems: (allergies, asthma, orthopedic, ear infections, etc. –if none, write none)

1. _____
2. _____

Restrictions: (if none, write none)

1. _____
2. _____

Medications: (list any routinely or occasionally taken and the side effects)

1. _____
2. _____
3. _____

Medications allergic to: (if none are known, write none known)

1. _____
2. _____

If the participant requires any medical attention, the wrestling club coach, or any designated adult representative of the club, has my permission to seek necessary medical attention if efforts to contact my spouse or me have not been successful, or if an emergency should warrant expediting and initiating action before the matter can be brought to our attention. Where practical, please refer my child to the doctor mentioned above. If out of town, please refer my child to a physician unless paramedical attention is required before a physician can be consulted. I hereby bind myself, my heirs, executors, administrators, and/or assigns to waive and release the HUTCHINSON KIDS WRESTLING CLUB, an Unincorporated Association, and any/or all of its agents, officers, coaches, committees, representatives and/or members as well as any other sponsoring or non-members against, are with whom, the undersigned may be participating, from any and all claims of rights to damage for injury or losses suffered directly or indirectly in training, workouts, attendance, participating in or traveling to or from competition.

Signed: _____

Relationship: _____