



Savage Wrestling Club

Contacts: (570) 709-9105 or savagewrestlingclub@gmail.com

Name: _____ Age: _____ Weight: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

USA Wrestling Card Number: _____

School Name: _____

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Parental Waiver and Consent:

As a parent/guardian of the child named above, I hereby give my consent and approval for my child to participate at Savage Wrestling Club. I certify that my child is in good health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation may involve physical contact and there are certain risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off Savage Wrestling club premises. I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by club authorities and/or for transportation to a hospitals emergency room for illness or injuring resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do Hereby waive any claims or rights that I might otherwise have to sue Savage Wrestling Club, its officers, coaches, facilities and representatives for any injury that may be suffered by my child in the normal course of participation and activities incidental to it.

DATE: _____

Parent/Guardian (Print)

DATE: _____

Parent/Guardian Signature