

**OAK HARBOR AMATEUR WRESTLING CLUB
APPLICATION**

Wrestlers Name: _____ Home Telephone: _____
Address: _____ E-Mail Address: _____
City: _____ Zip: _____ Emergency No: _____
School: _____ Cell Phone: _____
Age: _____ Grade: _____ DOB: _____ Weight: _____
Years of wrestling experience: _____
T-shirt size for wrestler: Child M-L-XL Adult S-M-L-XL (please circle one)
Parent's Signature: _____

**PARENTAL INSTRUCTIONS CONCERNING MEDICAL TREATMENT
(must be completed before acceptance into Oak Harbor Amateur Wrestling Club)**

Wrestlers Name: _____ Parent/Guardian Name: _____
Address: _____
Tel: Home: _____ Cell: _____
Please indicate another person to contact in the event of an emergency and we are unable to reach you:
Name: _____ Relationship: _____ Phone: _____
Insurance Co: _____ Policy No: _____
Is your child presently on medication? _____ Drug sensitivities: _____
Other Allergies: _____

Please read the alternative statement below and sign under the one that you choose.
DO NOT SIGN MORE THAN ONE!!!!

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are done on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.
Signature of Parent/Guardian: _____ Date: _____

2. If my child needs medical treatment while participating, it is my wish that treatment begins while efforts are being made to contact me. So the treatment is not delayed, I consent to any medical procedure 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.
Signature of Parent/Guardian: _____ Date: _____

Biddy Fees - \$50.00 per individual (\$40.00 each sibling thereafter)
Make Checks Payable to: Oak Harbor Amateur Wrestling Club

DO NOT FILL IN- Treasurer will complete:
Biddy Wrestling Fee paid on this date: _____ Check No: _____ Cash: _____