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| **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:\_\_\_\_\_\_\_\_** |