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