



OAK HARBOR AMATEUR WRESTLING CLUB APPLICATION

Wrestlers Name: _____ Telephone: _____
 Address: _____ E-Mail: _____
 City: _____ Zip: _____ Emergency No: _____
 School: _____ 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 list 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 (This INCLUDES a T-shirt and the \$10.00 use fee to BCS).

Make Checks Payable to: Oak Harbor Amateur Wrestling Club

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DO NOT FILL IN- Treasurer will complete:

Biddy Wrestling Fee paid on this date: _____ **Check No:** _____ **Cash:** _____

“A Tradition of Excellence”