

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is **my wish that I am contacted before** any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature: _____ Date Signed _____

2. If my child needs medical treatment while participating, it is **my wish that the treatment is started** while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

DUNGEON TRAINING CENTER -- WAIVER and RELEASE FROM LIABILITY

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby **FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE DUNGEON TRAINING CENTER, Russell Lindsay, its insurers, its affiliated clubs, administrators, agents, directors, officers, members, volunteers, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, the City of Hanover, leaser and operators of premises used to conduct any Dungeon Training Center claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for Personal Injury, Permanent, Temporary, Total or Partial Disability, Disfigurement, Paralysis and Any Other Losses or Damages To Person Or Property Or Death, arising out of my participation in attendance at or traveling to and from any wrestling sanctioned event or activity including, but not limited to, Losses Caused By The Passive Or Active Negligence Of The Release's, or hidden, latent or obvious defects in the facilities or equipment used.**

2. Releaser understands and acknowledges that Dungeon Training Center wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. Releaser Expressly and Voluntarily Assumes All Risk Of Personal Injury, Permanent, Temporary, Total or Damages To Person Or Property or Death, Disfigurement, Paralysis and Any Other Losses or Damages To Person Or Property or Death, sustained while participating in, attending, preparing for or traveling to and from any Dungeon Training Center wrestling sanctioned event, meet, practice or activity, including the risk of Passive or Active Negligence Of The Releases', or hidden, latent or obvious defects in the facility or equipment used.

3. Releaser acknowledges and fully understands that each participant in any Dungeon Training Center wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inaction or negligence, but also from actions inaction or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonable foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING, AND INTENT.

(Participant's Signature) _____ (Date) _____ (Print Name) _____

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal Guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

OFFICE USE: REGISTRATION FEE _____ DATE PAID _____ CASH _____ CHECK _____

DUNGEON TRAINING CENTER
285 Circuit Street ~ Hanover, MA 02339
RUSSELL LINDSAY ~ (781) 447-8154 / (781) 308 - 1910

NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____
BIRTH DATE _____ AGE _____ GRADE _____ SCHOOL _____
TELEPHONE: HOME _____ CELL # _____
PARENT'S NAMES _____
EMERGENCY CONTACT PERSON _____ PHONE # _____
EMAIL ADDRESS _____
INSURANCE COMPANY _____ POLICY # _____
FAMILY DOCTOR: _____ PHONE # _____
Is your child presently on medication? Yes _____ No _____ if yes, please list medications : _____
Drug Sensitivities: _____
Other Allergies _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes/ No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please
Indicate what medication(s) _____
- Yes/ No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate
the name of the medication and why it was prescribed _____
- Yes/ No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes/ No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use. _____
- Yes/ No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes/ No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly _____
- Yes/ No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones
Heart disease; (rheumatic fever); Liver disease; (hepatitis); Kidney disease; lung disease/pneumonia
- Yes/ No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any do
You take regularly _____
- Yes/ No 9. Do you presently have an unrepaired hernia? _____
- Yes/ No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the
dates of each _____
- Yes/ No 11. If the answer to No. 10 is "yes" did the attending physician have you stay overnight in a hospital?
If yes, give the dates of each _____
- Yes/ No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones) or disc that incapacitated you
For a week or longer? If yes, give the dates of each injury. _____
- Yes/ No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
Permanent bridge; Permanent crown or jacket; Braces; Full plate; removable partial plate; retainer
- Yes/ No 14. Do you wear contact lenses during competition?
- Yes/ No 15. Have you had a fracture during the past 2 years? If yes which bone was broken and date it happened _____
- Yes/ No 16. Have you ever had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated
you for a week or longer? If so, give the date of the injury. _____
- Yes/ No 17. Have you ever had surgery to correct a shoulder condition? If so, give dates and what was done. _____
- Yes/ No 18. Have you ever had an injury to your back?
- Yes/ No 19. Do you experience Pain in your back? If yes indicate frequency:
Seldom _____ Occasionally _____ Frequently _____ with vigorous exercise with heavy lifting
- Yes/ No 20. Have you injured your knee during the past 2 years with severe swelling as a result?
- Yes/ No 21. Have you ever been told that you injured the ligaments and or cartilage of either knee?
- Yes/ No 22. Have you ever been advised to have surgery to correct the knee problem?
- Yes/ No 23. If the answer to No 22 is yes, has the surgery been completed? _____ Date _____
- Yes/ No 24. Have you ever experienced a severe sprain of either ankle during the past 2 years?
- Yes/ No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain: _____
- Yes/ No 26. Do you have any chronic conditions that have not been mentioned above? If so explain: _____