



Show-Me Academy 2024-2025 Registration Form

Parent's Full Name:			
Home Address:			
Email Address:			
Cell Phone Number:			
Child's Full Name:			
Grade Level:			
Age:			
Gender:			
Weight:			
Home School:			
Home Wrestling Club:			
Wrestling Experience:			
T-Shirt Size:			
Singlet Size:			
Pant Size:			
USA Wrestling Number:			
<i>If you do not have a USA Wrestling Number, please visit https://www.usawmembership.com/login</i>			
Emergency Contact Full Name:			
Emergency Contact Cell Phone:			
Family Doctor:			
Family Doctor Phone Number:			
Please read the statements below and sign under the one that you choose. <i>Sign only one!</i>			
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:	
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:	

PLEASE SEND COMPLETED FORM TO: Show-Me@Show-meacademy.com.



Show-Me Academy Medical History Questionnaire

1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? <input type="radio"/> Yes <input type="radio"/> No	
If so, please indicate what medication(s):	
2. Are you now on any prescribed medication on a permanent or semi-permanent basis? <input type="radio"/> Yes <input type="radio"/> No	
If so, please indicate the name of the medication and why it was prescribed:	
3. Have you ever had an epileptic seizure or been informed that you might have epilepsy? <input type="radio"/> Yes <input type="radio"/> No	
4. Have you ever been treated for diabetes? <input type="radio"/> Yes <input type="radio"/> No	
If so, please indicate the type(s) of insulin or pills you use:	
5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia? <input type="radio"/> Yes <input type="radio"/> No	
6. Do you have or have you ever had high blood pressure? <input type="radio"/> Yes <input type="radio"/> No	
If so, list any medication for it that you take regularly:	
7. Do you have or have you ever had any of the following diseases? <input type="radio"/> Yes <input type="radio"/> No	
If yes, please check the appropriate ones:	
Heart disease (rheumatic fever) <input type="checkbox"/>	
Liver disease (hepatitis) <input type="checkbox"/>	
Kidney disease (infections) <input type="checkbox"/>	
Lung disease(pneumonia) <input type="checkbox"/>	
8. Have you ever been informed by a medical doctor that you have asthma? <input type="radio"/> Yes <input type="radio"/> No	
If so, what medications, if any, do you take regularly:	
9. Do you presently have an unrepaired hernia? <input type="radio"/> Yes <input type="radio"/> No	
10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? <input type="radio"/> Yes <input type="radio"/> No	
If so, give the dates of each:	
11. If the answer to number 10 is "yes" did the attending physician, have you stay overnight in a hospital? <input type="radio"/> Yes <input type="radio"/> No	
If so, give the dates of each:	
12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? <input type="radio"/> Yes <input type="radio"/> No	
If so, give the dates of each such injury:	



Show-Me Academy Medical History Questionnaire

13. Do you wear any dental appliances? <input type="radio"/> Yes <input type="radio"/> No	
If yes, check the appropriate appliance:	
Permanent bridge <input type="checkbox"/>	
Braces full plate <input type="checkbox"/>	
Permanent retainer <input type="checkbox"/>	
Permanent crown or jacket <input type="checkbox"/>	
Removable partial plate <input type="checkbox"/>	
Removable retainer <input type="checkbox"/>	
14. Do you wear contact lenses during competition? <input type="radio"/> Yes <input type="radio"/> No	
15. Have you had a fracture during the past 2 years? <input type="radio"/> Yes <input type="radio"/> No	
If yes, indicate which bone was broken and the date if happened:	
16. Have you had a shoulder dis location, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? <input type="radio"/> Yes <input type="radio"/> No	
If so, give the date of the injury:	
17. Have you ever had surgery to correct a shoulder condition? <input type="radio"/> Yes <input type="radio"/> No	
If so, give the dates and what was done:	
18. Have you ever had an injury to your back? <input type="radio"/> Yes <input type="radio"/> No	



Show-Me Academy 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 SHOW-ME ACADEMY, its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Show-Me Academy, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any Show-Me Academy sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, 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 USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
<p>2. Releaser understands and acknowledges that Show-Me Academy sanctioned activities and the sport of wrestling and/or jiu-jitsu in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, 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 Show-Me Academy sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.</p>		
<p>3. Releaser acknowledges and fully understands that each participant in any Show-Me Academy 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, inactions or negligence, but also from the actions, inactions 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 reasonably foreseeable at this time.</p>		
<p>I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.</p>		
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.		
Signature of Parent or Legal Guardian:	_____	Date: _____
Print Name:		
Relationship to minor:		