

Chadron Junior Wrestling Club Parental Consent Form

Name of Wrestler _____

Birth date _____ Age _____ Phone# _____

Parent/Guardian _____

Address _____ e-mail _____

“ I hereby give my consent for the above named wrestler to participate in the Chadron Junior Wrestling Club Program. I authorize the Club to obtain, through a physician of its own choice, any emergency medical care that may become necessary, in the course of Club activities. I agree not to hold the Club or anyone acting in its behalf responsible for any injury occurring to the above names in the course of Club activities.”

Signed _____ Date _____

Emergency Information

Name of person to contact in case of emergency situation if parent/guardian cannot be reached. _____ Phone# _____

Medications or medical problems coaches should be aware of.

Club Fee Information

Club Fees: One Child \$ 30 (\$ 20 each additional child). Fee includes AAU Membership Card (This card is mandatory for insurance purposes) as well as a Chadron Wrestling Tee Shirt.

Shirt Size _____ Wrestlers years of experience _____