

# **Chadron Junior Wrestling Club Parental Consent Form**

Name of Wrestler \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Other Phone # \_\_\_\_\_

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 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 # \_\_\_\_\_

Medication or medical problems coaches should be aware of.

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## **Club Fee Information**

Club Fees: One Child \$30 (\$25 each additional Child). Fee includes AAU Membership Card (This card is mandatory for insurance purposes).

Shirt Size \_\_\_\_\_ Wrestler's years of experience \_\_\_\_\_