

Precision Wrestling Club Waiver

Name: _____ **Grade:** _____ **School:** _____

Health Information

In case of emergency, (if parent or guardian cannot be reached) we should call:

Name _____

Relation to Registrant _____ Phone _____

Name (alternate) _____

Relation to Registrant _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____

ID # _____

Hospital Preference _____

Does the registrant have any medical concerns or limitations including allergies?

Yes No

If yes, please specify _____

Does your child need an EpiPen? Yes No

(If yes, please provide EpiPen to the coach on the first day of the club.)

I give my child permission to take: Tylenol Advil

I hereby agree to emergency medical treatment for the registrant if the school is unable to contact me: _____

We, the undersigned, give permission for _____ (student's name) (the "Participating Student") to participate in the Precision Wrestling Club. The club is organized by Collegiate School.

The Participating Student has no physical limitations or physical conditions which would be aggravated by participating in this clinic, or which would increase risks relating to his/her participation.

We do hereby assume all risk of injury or damage arising out of the Participating Student's participation in the club, and we specifically release, covenant not to sue, hold harmless, and indemnify, Collegiate School, its trustees, officers, employees, agents, and representatives, from and against any and all liabilities, damages, causes of action, suits, actions, rights, and demands of any nature whatsoever, (except in cases arising from the gross negligence of the School,) which are related to, arise out of, or are in any way connected with, the Participating Student's participation in the club that may accrue to the Participating Student, to us, or to the Participating Student's heirs or personal representatives from the date hereof and at all times hereafter.

Parent Signature: _____

Date: _____

