

Administrator Use Only:

> Fee Paid: _____

> Birth Certificate: _____

DALE WRESTLING CLUB

2009 – 2010

T-Shirt Size: _____

Do you have a DWC

Singlet: _____

CHESTERFIELD / HOPEWELL WRESTLING LEAGUE APPLICATION TO WRESTLE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS CITY STATE ZIP

PHONE # EMAIL ADDRESS

ELEMENTARY SCHOOL BOUNDARY GRADE WIEGHT

USA CARD #

I / We, the parents of the above, a candidate for a position on the Dale Wrestling Team which is a member of the Chesterfield / Hopewell Wrestling League, hereby gives my / our approval of his / her participation in any and all league-sponsored activities.

I / We assume all risks and hazards incidental to such participation including transportation to and from the activities and I / We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield / Hopewell Wrestling League, the organizers, sponsors, supervisors, participants and persons transporting my / our son / daughter, except to the extent and in the amount covered by accident or liability insurance.

I / We shall furnish a certified birth certificate or certified legal proof of birth or other legal proof as may be requested by the league for the above candidate at the time and place of his / her initial weigh-in or at some other time or place designated by the Commissioner

I / We grant the Commissioner, Chesterfield / Hopewell Wrestling League, permission to verify, if necessary, my / our child's school records pertaining to birth-date information only.

Father's Signature

Date

Mother's Signature

Date

Note: Both signatures are required before a candidate is eligible to participate in the League. If one parent has custody of the candidate, state reason for missing parent's signature.

Purchase USA Wrestling Card ONLINE:

Note: You must bring in your USA card and give your number to me for the club records. USA Card is required immediately for all wrestlers.

www.themat.com

click – Become a Member

click – Join as New Athlete / Coach Member

Select: Virginia State Assoc.

Fill in complete information **OF CHILD**

When complete: PRINT

Parental Instruction Concerning Medical Treatment

Father's name: _____

Home Phone: _____

Cell Phone: _____

Mother's name: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact / Relationship: _____

Phone: _____

Doctor's Name: _____

Phone: _____

Insurance Provider: _____

Policy #: _____

Is your child presently on medication? _____

If yes, list all medications: _____

Please list all drug sensitivities or allergies: _____

PLEASE READ CAREFULLY BELOW AND SIGN ONE CHOICE ONLY!!!!!!!!!!!!!!!!!!!!!!

- If my child needs medical treatment while participating in wrestling, it is my wish that I be contacted before any medical procedures are done on my child unless immediate treatment is necessary to save my child's life or prevent permanent injury.

Signature of Parent / Guardian: _____

Date: _____

- If my Child needs medical treatment while participating in wrestling, it is my wish that the treatment begins 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 will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

Signature of Parent / Guardian: _____

Date: _____