2010 Elementary State Championships
ENTRY FORM

NAME _____ School/Club _____

ADDRESS _____CITY _____ ST _____ ZIP _____

PHONE _____ DATE OF BIRTH _____ EMAIL _____

YEAR IN SCHOOL_____ Weight _____ (If entrant does not make the weight, he will not wrestle.)

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY
This form must be completed and submitted with parent/guardian signature for wrestler to compete.

Name of your primary Insurance Company _____ Policy No. _____

Family Doctor _____ Phone (Doctor) _____

Presently on any medication? _____ If yes, please list medication(s) _____

Drug Sensitivities or Allergies_____

Special Medical Conditions _____

Please indicate another person to call if an accident occurs:

NAME _____ PHONE _____

Parent or Guardian of minor must read and complete the following: Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature. Check one:
___ If my child, named above, needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

___ If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions — List any medical procedures that you do not want performed unless specific approval is received:

The wrestler, in attending the host school's event and using any of the facilities does so at his/her own risk. The school, its athletic department and staff shall not be liable for any damages arising from personal injury sustained by the wrestler during the event or at the facilities. The wrestler and his parents/guardians assume full responsibility for any damages or injuries that may occur to the wrestler during the event and owners, employees and agents from any and all claims. Demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the wrestlers participation in the event and the use of the facilities, the school, its athletic department and staff shall not be liable for any damages.

COMPETITOR ACKNOWLEDGES THAT COMPETITOR HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

_____ _____ _____
PRINT Name of Competitor SIGNATURE of Competitor Date

_____ _____
Signature of Parent or Guardian Date

SEEDING INFORMATION: _____

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