



Parent/Child Registration Form

Questions or need help? Contact Nick with questions at (608) 516-8428, or email info@ezwrestling.com for assistance.

Child's Full Name	<input type="text"/>	Parent's Full Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>		
Gender	<input type="text"/>	Gender	<input type="text"/>		
Tshirt Size	<input type="text"/>	Tshirt Size	<input type="text"/>		
Will you be attending the day session, or dropping off your child? (please check one)		Attending	<input type="checkbox"/>	Dropping Off	<input type="checkbox"/>

PARENT CONTACT DETAILS

Home Address

City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Email	<input type="text"/>	Phone Number	<input type="text"/>		

HEALTH INSURANCE COMPANY INFORMATION

Physician	<input type="text"/>	Office Phone #	<input type="text"/>		
Health Insurance Co. Name	<input type="text"/>				
Health Insurance Co. Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone #	<input type="text"/>				
Policy Holder's Name	<input type="text"/>				
Policy #	<input type="text"/>				

PARTICIPANT'S HEALTH INFORMATION

List any physical limitations (i.e. allergies, hearing, vision, etc.)

Is the participant currently being treated for any medical condition? No Yes If YES, please describe



EZ Wrestling

List any medications currently being taken by the participant

Date of last tetanus booster (must be within last 10 years)

Have you ever had a concussion?

No

Yes

If YES, how many?

Have you ever experienced concussion symptoms?

No

Yes

If YES, describe symptoms/reporting

EMERGENCY CONTACT

Parent/Guardian Name

Phone #

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in the sport of wrestling, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence EZ Wrestling Team and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of wrestling involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with walls, floors or other participants,; infections caused by contact with other wrestlers or mats; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume –and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

I agree to the above terms and conditions
(please check box)

Signature of Participant

Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor. (If notarization is necessary, please sign & stamp this side of form.)

I agree to the above terms and conditions
(please check box)

Signature of Parent/Guardian

Date