

Brea Wrestling Club Consent Form

I hereby authorize the directors of the Brea Wrestling Club to act for me accordingly, to their best judgment and discretion in any emergency requiring medical attention of my son/daughter respectively. I hereby waive and release the Brea Wrestling Club and its members from any liability from any injuries received while at a Brea Wrestling Club event(s) or attending an event with the Brea Wrestling Club or any of its members.

Parent/Guardian Signature: _____ Date: _____

Parent(s) Name: _____

Parent(s) Cell #'s: (Mom) _____ (Dad) _____

Parent(s) Email: (Mom) _____ (Dad) _____

Health Insurance Carrier: _____

Insurance Policy Number: _____

Emergency Contact (Name & Phone #): _____

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Wrestler's Name: _____ Cell #: _____

Wrestler's Email: _____

Age: _____ Height: _____ Weight: _____ Shorts/T-shirt size: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Attends: _____ Grade: _____

Wrestlers will need to purchase an annual USA Wrestling Card (\$40) if they choose to wrestle in tournament. Please visit <http://www.usawmembership.com/> to obtain your card online, or they can be purchased in person at the first tournament attended.