

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(s): _____

Parent(s) Cell #'s: (1) _____ (2) _____

Parent(s) Email: (1) _____ (2) _____

Health Insurance Carrier: _____

Insurance Policy Number: _____

Emergency Contact (Name & Phone #): _____

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Wrestler's Name: _____ Cell #: _____

Wrestler's Email: _____ Date of Birth: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

School Attends: _____ Grade: _____

Cost: \$75 for all three months (Or free for HS students)

Amount Paid (\$75): _____ SCWAY (\$20)? _____ USA Card (\$45)? _____

Amount Due: _____ Payment Method: _____ Check #: _____

All wrestlers need to fill out this form. For fees or cards, please make checks payable to **Brea Wrestling Club**. Wrestlers will need to purchase an annual USA Wrestling Card (\$45) and SCWAY Card (\$20) in addition to tournament fees at respective weekend tournaments. These cards can be obtained through Club, by submitting payment for them. Please include your payment in your club fees if you would like us to process it. Thank you.