

Team Leonidas 2019 Spring and Summer Wrestling Registration Form

Please print out forms, fill out, and return with payment to Coach Demarchi.

Registration is **\$300 per wrestler** which includes a mandatory USA Wrestling card, spring and summer practices, singlet lending, and summer clinics. Please make checks payable to **Team Leonidas Wrestling Club**.

Wrestler's Name: _____

Birth Date: _____ Approx. Weight: _____ Grade: _____

Address: _____ Zip _____

Email Address: _____

Father: _____ Cell/Work # _____ - _____ - _____

Mother: _____ Cell/Work# _____ - _____ - _____

School: _____

Being the parent or guardian of the above named person, I certify that the above information is true and correct and give approval to his/her participation in any and all wrestling activities throughout the wrestling season.

I give permission for Team Leonidas and/or USA Wrestling or any of its affiliates to publish my child's name, photograph, and/or video image on the internet. I assume all of the risks and hazards associated with club activities including transportation to and from the activities. I understand that it is recommended by Team Leonidas to have some type of hospitalization or medical insurance coverage. However, if I do not have insurance coverage, I do not consider it necessary or advisable that the wrestlers have such insurance in order to participate in any of the Team Leonidas sponsored sports activities. I hereby fully and finally release, indemnify and hold harmless Team Leonidas, Team Leonidas Board of Directors, the owners or management of any properties used by Team Leonidas, any coaches, any sponsors, any volunteers or any other person(s) or entit(y)(ies) associated with Team Leonidas, or any of the officials (collectively the "Parties") from any and all claims that arise out of or relate to my child's participation in any Team Leonidas activity. This release shall apply even though an injury or claim is caused in whole or in part by the negligence of any one or more Parties. I understand that no alcoholic beverages may be consumed at any sponsored activity. I understand that my payment is strictly an enrollment fee. I certify that the date of birth and wrestling experience are correct. I understand that falsification of any portion of this application may result in the wrestler being declared ineligible to participate.

Signature of Parent or Guardian

Date

Team Leonidas 2018-2019 Wrestling Medical Authorization Form

Wrestler Name: _____ DOB: _____

Address: _____

Emergency Contact _____ Phone _____

Emergency Contact 2 (Optional) _____ Phone _____

Wrestler's Physician: _____ Phone _____

Insurance Co. _____ Policy # _____

List any medication your wrestler is taking: _____

List any health problems your wrestler may have: _____

Please read the alternative statements below and sign under the one that you choose.

Sign only one!

1. If my child needs medical attention, contact me (or the additional Emergency Contact listed above if I am not available) at the number(s) listed above before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent serious injury. In the event such treatment is necessary, I consent to such treatment and accept responsibility for all costs related to such treatment.

Signature of Parent or Guardian

Date

2. If my child needs medical treatment while participating, I agree that the treatment may be started while efforts are being made to contact me (or the additional Emergency Contact listed above if I am not available). So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Signature of Parent or Guardian

Date