

BBA Junior Bison Wrestling

Wrestler's name _____

Address _____

Date of Birth _____ Grade _____ wrestled before? _____ Years of experience _____

Height _____ weight _____

Singlet to be purchased for tournaments: _____

Mother's name _____ **Cell#** _____

Email address _____

Father's name _____ **Cell#** _____

Email address _____

EMERGENCY CONTACT Info:

Name _____ phone# _____ Relationship _____

Does your child have any medical conditions? Y/N If yes, please list _____

Is your child taking any medications? Y/N If yes, please list: _____

Is your child allergic to any medications or have any other allergies?

If yes, please list _____ Date of last physical exam _____

Please check if any of the following apply:

_____ Contact lenses _____ fracture in the last two years

_____ shoulder separation or other shoulder injury in last two years

_____ joint surgery _____ back injury _____ concussion

_____ any joint injury in the last two years _____ Diabetes _____ asthma (inhaler needs to be in child's bag at all times)

Does the wrestler have any other medical conditions that have not been mentioned above? If yes, please

explain _____

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO

THE BEST OF MY KNOWLEDGE.

Parent/guardian name _____ Date: _____

BBAA Junior Bison Wrestling

EMERGENCY MEDICAL TREATMENT AUTHORIZATION MEDICAL/SURGICAL RELEASE

In the event my child/ward requires medical treatment, it is my wish that treatment begin while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician deems necessary on the understanding that efforts to contact me will continue to be made.

I ACCEPT RESPONSIBILITY FOR ALL COSTS RELATED TO THAT TREATMENT.

Name of wrestler: _____ Date _____

Name of parent: _____ Signature of parent _____

BBAA Junior Bison Wrestling

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT

Release and Waiver of Claims:

In consideration of being allowed to participate at the Facility known as BBAA Junior Bison Wrestling, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity. For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against BBAA Junior Bison Wrestling, its coaches, members, managers, employees, agents, servants, and volunteers arising out of my use of the facility.
2. To release, BBAA Junior Bison Wrestling, its coaches, members, managers, employees, agents, servants, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of, BBAA Junior Bison Wrestling, its coaches, members, managers, employees, agents, servants, and volunteers in the operation, supervision, design or maintenance of the Facility.

Assumption of Risk

1. I am aware that there are certain inherent risks, dangers and hazards associated with engaging in wrestling that can result in serious personal injury or death. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury associated with any use of the Facility. I further recognize and acknowledge that the risks inherent in engaging in wrestling can be greatly reduced by seeking instruction from a trained professional, consulting with my physician, using common sense and following the Rules and Regulations of the Facility. I certify that I am in good physical condition and have no known disabilities that might be detrimental to my health or well-being. I acknowledge that the participant has the requisite skills, qualifications and/or physical ability to properly and safely participate.
2. I hereby acknowledge that the participant/parent is responsible for costs (health, emergency, etc.) related to participation.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent or Guardian must sign if the participant is UNDER 18.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____