



<b>1. Wrestler Name:</b>				
	<i>Last Name</i>		<i>First Name</i>	
<b>2. Date of Birth:</b>				
<b>3. Parent Name:</b>				
	<i>Last Name</i>		<i>First Name</i>	
<b>4. Home Phone:</b>	( )	<b>Other Phone:</b>	( )	
<b>5. Street Address:</b>				
	<i>City</i>	<i>State</i>	<i>Zip</i>	
<b>6. Email Address:</b>				
<b>7. School District:</b>				
<b>8. Grade:</b>				
<b>9. Current Weight:</b>				
<b>10. USA Wrestling Card # (optional)</b>				
<b>11. Emergency Contact:</b>			<b>Phone:</b>	( )
	<i>Last Name</i>	<i>First Name</i>	<b>Relationship to wrestler</b>	
<b>12. Medical Information:</b>	<b>Family Doctor Name:</b>		<b>Phone:</b>	( )

Please read the statements below and sign under the one you choose. Sign only **ONE**.

Option 1.

If my child needs medical attention it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent Signature:		Date:	
-------------------	--	-------	--

Option 2.

If my child needs medical attention it is my wish that the treatment is started while efforts are being made to contact me. 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 all responsibility for all costs related to such treatment.

Parent Signature:		Date:	
-------------------	--	-------	--

Tee-Shirt Size \_\_\_\_\_

# ACTIVITY RELEASE FORM

Read Carefully Before Signing

## ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Parent / Guardian Name(s): \_\_\_\_\_ Parent / Guardian Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_  
Address (including city, state and zip code): \_\_\_\_\_

### RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Lancaster Alliance Wrestling, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Lancaster Alliance Wrestling does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Lancaster Alliance Wrestling premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Lancaster Alliance Wrestling.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

**Parents or guardians must sign if applicant is UNDER 18.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_