

S M W R S

Player's Name _____ Player's Age _____

Father's Name _____ Mother's Name _____

Address _____ City _____

Zip Code _____ Phone _____

Email Address 1 _____ Cell Phone 1 _____

Email Address 2 _____ Cell Phone 2 _____

Emergency Phone 1 _____ Emergency Phone 2 _____

Medical Information and Special Conditions _____

Parental Authorization and Waiver of Claims

I, parent or guardian of the above player, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. Furthermore, on behalf of myself and the player, his/her heirs, successors, and or assigns, do hereby waive release, absolve, indemnify, and agree to hold harmless the league (Signal Mountain Youth Wrestling), its officers, directors, coaches, participants, volunteers, sponsors, and/or persons transporting the player to and from activities, the Hamilton County General Government, the Hamilton County Department of Education, the town of Signal Mountain, and Signal Mountain Youth Wrestling from any claim arising out of an injury to the player.

I also grant permission to managing personnel or the league representatives to authorize and obtain medical care from Any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league/camp activities away from home, or at other times when neither the parent/guardian are available to grant authorization for emergency treatment. I further agree that I will assume all financial responsibility for any medical claims for the treatment administered to the player, not covered in our standard insurance policy.

Parent/Legal Guardian (Signature Required) _____

Relationship _____ Date _____