

Grappling Indians Wrestling Camp

REGISTRATION FORM/HOLD HARMLESS WAIVER

NAME: _____

AGE: _____ MALE: _____ FEMALE: _____

PARENT/GUARDIAN: _____

WORK PHONE: _____ HOME PHONE: _____

T-SHIRT SIZE: YS YM YL AS AM AL AXL A2XL A3XL

I, AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE CHILD, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE GRAPPLING INDIANS WRESTLING CAMP. I DO HEREBY HOLD FREE FROM RESPONSIBILITY, DODGE COUNTY BOARD OF EDUCATION, COACH STEVEN GREER, COACH BRIAN GRAUBERGER, AND COACH JUSTIN HUMBLE FROM ANY AND ALL LIABILITIES AS A RESULT OF MY CHILD'S PARTICIPATION. I CERTIFY THAT THE ABOVE NAMED CHILD IS PHYSICALLY FIT TO PARTICIPATE AND HAS NO PRE-EXISTING MEDICAL CONDITIONS THAT WOULD POSE A RISK TO THE CHILD OR OTHER PARTICIPANTS. I ALSO GIVE MY PERMISSION FOR COACHES TO ASSESS ANY AND ALL INJURIES, PROVIDE IMMEDIATE FIRST AID, AND DETERMINE IF EMERGENCY MEDICAL CARE IS PRUDENT. I ALSO UNDERSTAND THAT IF I AM NOT PRESENT DURING AN INJURY TO MY CHILD, COACHES WILL ATTEMPT TO CONTACT ME AT THE NUMBERS LISTED ABOVE. I AM RESPONSIBLE FOR ANY AND ALL FEES RELATED TO EMERGENCY MEDICAL CARE PROVIDED TO MY CHILD.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND AGREE TO ALLOW MY SON/DAUGHTER TO PARTICIPATE IN PHYSICAL CONTACT ACTIVITIES ASSOCIATED WITH SCHOLASTIC STYLE WRESTLING AND RELATED FITNESS ACTIVITIES.

PARENT/GUARDIAN SIGNATURE

DATE