

**FWC Youth Wrestling REGISTRATION FORM AND WAIVER**

**PARTICIPANT INFORMATION**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**GUARDIAN/FAMILY/EMERGENCY CONTACT INFORMATION**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBERS: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBERS: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Fauquier Wrestling Club (FWC) EMERGENCY PERMISSION CONSENT** I, the undersigned, am aware that participating in FWC wrestling may involve traveling with the team. I acknowledge and accept the risks inherent in this sport and with the travel involved and with this knowledge in mind, I grant permission for my child/ward to participate in this sport and travel with their team. In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the Fauquier Wrestling Club coaches/staff to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named below. This Emergency Permission Form may be reproduced to travel with your child's team and is acceptable for emergency treatment if needed. I authorize and certify all above information as true and accurate.

Parent/Guardian \_\_\_\_\_ (signature)

Date \_\_\_\_\_

**FWC Youth wrestling PARTICIPANT'S WAIVER AND RELEASE** In consideration of the undersigned wrestler ("Participant") being allowed to participate in the Fauquier Wrestling Club – sponsored wrestling practices, meets and tournaments : said Participant and his/her legal parent(s) and/or legal guardian(s), for themselves and each of their heirs, personal representatives and assigns, to the fullest extent lawfully permitted, release, discharge and covenant not to sue the Fauquier Sports Foundation, Fauquier Wrestling Club or its affiliated clubs, and their respective officers, administrators, coaches, trainers, meet coordinators, referees, sponsors, sponsoring agencies and advertisers, or the owners and lessors of premises in which such events occur, with respect to any and all claims, damages, or other liabilities arising out of the Participant's injury or death occurring during such events, whether in the course of training, travel or competition. The undersigned hereby acknowledge having adequate health insurance necessary to provide and pay for any medical costs that directly or indirectly result from any and all participation in this activity. Each of the undersigned acknowledges the sport of wrestling involves severe physical exertion and intense stress which can result in serious injury or in some rare circumstances, death; he/she agrees to assume the risks of such consequences. This Waiver and Release is freely and voluntarily given with full understanding of the inherent risks of participating in the Fauquier Wrestling Club's athletic competition.

Parent/Guardian \_\_\_\_\_ (signature)

Date \_\_\_\_\_