

# BoPWC REGISTRATION FORM

## PARTICIPANT INFORMATION

NAME _____ (print first and last name)	BIRTH DATE _____ (00/00/0000)_	GRADE _____
STREET ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
CELL _____	TEXT CAPABLE Yes ___ No ___	
EMAIL ADDRESS _____		

## WRESTLING EXPERIENCE

Total years of wrestling experience? _____	High School _____
Accomplishments _____	Approx. Weight _____
T-Shirt Size: S M L XL XXL (please circle)	

## FAMILY INFORMATION

PARENT-1 NAME _____ (print first, middle and last name)	RELATIONSHIP _____ (Mother/Father/Guardian)
PHONE NUMBERS: (DAY) _____	(EVENING) _____
EMAIL ADDRESS _____	
PARENT-2 NAME _____ (print first, middle and last name)	RELATIONSHIP _____ (Mother/Father/Guardian)
PHONE NUMBERS: (DAY) _____	(EVENING) _____
EMAIL ADDRESS _____	

## MEDICAL INFORMATION

Has participant been prescribed an Inhaler or Epipen? Yes ___ No ___
<i>(Note: If participant has been prescribed an Inhaler or Epipen, it must be present with child at practice and meets)</i>
Is child presently taking medication? Yes ___ No ___ If yes, what? _____
List any allergies to medications, etc. _____
List all health issues that might be significant to a physician evaluating your child in case of an emergency _____

## EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT _____	PHONE NUMBER _____
FAMILY PHYSICIAN _____	PHONE NUMBER _____
INSURANCE COMPANY _____	POLICY NUMBER _____

# BoPWC REGISTRATION FORM

## BoPWC EMERGENCY PERMISSION CONSENT

I, the undersigned, am aware that participating in BoPWC 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 during the 2017 season. In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the BoPWC 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. \_\_\_\_\_

(Legal Parent/Guardian signature) (date)

## BoPWC PARTICIPANT'S WAIVER AND RELEASE

In consideration of the undersigned wrestler ("Participant") being allowed to participate in the Birds O' Prey Wrestling Club – sponsored wrestling practices, meets and tournaments for the 2017 season: 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, LLC, the Birds O' Prey 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 Birds O' Prey Wrestling Club's athletic competition.

Participant/wrestler \_\_\_\_\_  
(print legal name) (signature) (date)

Parent/Guardian \_\_\_\_\_  
(print legal name) (signature) (date)

Club Use Only:  
Verified Weight \_\_\_\_\_  
Paid \_\_\_\_\_ Check # \_\_\_\_\_