

Lake Travis Youth Wrestling Club
Registration/Medical Release Form

Personal Information

Wrestler _____ Date of Birth _____ Age _____

Parent/Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Other _____

E-mail _____ Alt. E-mail _____

Insurance Information

Primary Insurance Company _____ Policy No. _____

Emergency Contact Information

Name _____ Phone Number _____

Medical Information

List any known allergies _____

List any medications taken on a regular basis _____

Doctor's Name _____ Phone Number _____

I, _____ (parent/guardian) hereby give consent for _____ (wrestler's name) to compete in events, sanctioned by Texas USA Wrestling as a member of the Lake Travis Youth Wrestling Club. My child and I are aware that wrestling is a potentially dangerous sport that may result in, but not limited to, serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death. I further release Austin Amateur Wrestling Association, Texas USA Wrestling, Lake Travis Independent School District or any coach or volunteer associated with Lake Travis Youth Wrestling from all liability for said injuries above.

If, in the judgment of the coaches or any representative/parent involved in the Wrestling Club, my child needs immediate care and treatment as a result of injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said child by any physician, trainer, nurse, hospital, or representative/parent of the Wrestling Club; and I do hereby agree to indemnify and save harmless any coach or representative/parent of the Wrestling Club from any claim by any person whomsoever on account of such care and treatment of said child.

Parent/Guardian Signature _____ Date _____

----- LAKE TRAVIS YOUTH WRESTLING -----

For Club Use Only

Date rec'd _____ *Amount rec'd* _____ *Check #* _____ *USA #* _____