

SEATTLE WRESTLING

PARENTS INSTRUCTIONS ON MEDICAL TREATMENT (All information is confidential and is destroyed at the end of the season)

PLEASE PRINT IN CAPITAL LETTERS

Wrestler Name _____ Date of Birth _____

Parents/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ URL _____

T-Shirt Size _____ Weight _____ Street Shoe Size _____ Will you be renting shoes? _____

Do you want to buy addition T-Shirt(s)? Additional T-Shirts are \$12 and must be prepaid.

Indicate quantity and size(s): __YS __YM __YL __AS __AM __AL __AXL __AXXL

How did you hear about our wrestling program? _____

Please indicate another person to call if an accident occurs and we are unable to contact you:

Name _____ Phone Number _____

Health Insurance Company _____ Policy # _____

Family Doctor _____ Phone # _____

Is your child on medications? _____ if yes, please list medication (s): _____

Date of your child's last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

**PLEASE READ THE ALTERNATIVE STATEMENTS BELOW AND SIGN UNDER THE ONE YOU CHOOSE.
SIGN ONLY ONE!**

1. If my child needs medical attention, it is my wish that I am contracted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physicians believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Wrestlers USA Wrestling Card # (if USA wrestler) _____

Coaches Name _____ Phone # _____

(Information and permission valid for 365 days from date signed unless rescinded or revoked)

