

# Stampede Wrestling

## Personal Information

Wrestler: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of 9/1-08) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check age group / division, based on age on as of 09/01/08

- Tots Div (ages 4-5)       Div I (ages 6-7)       Div II (ages 8-9)       Div III (ages 10-11)  
 Div IV (ages 12-13)       Div V (ages 14-15)       Div VI High School (ages 16 & above)

## Insurance Information

Primary Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Medical Information

List any known allergies \_\_\_\_\_

List any medications taken on a regular basis \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

T- Shirt Size      AS      AM      AL      AXL

Extra T-Shirts are available for \$10      AS      AM      AL      AXL      AXXL (add \$2)  
# of extra shirts ordered: \_\_\_\_\_ Amount: \_\_\_\_\_

Please read the alternative statements and sign under the one that you chose. **Sign only one!!!**

1.If my child needs medical attention, it is my wish that I am contacted 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 : \_\_\_\_\_

2.If my child needs medical attention while participating, it is my wish that treatment is started while efforts are being made to contact me. So that treatment is not delayed, In consent to any medical procedures that the physician 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 treatments.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent / guardian) Here by give consent for \_\_\_\_\_ (wrestler's name) to compete in TX USA Wrestling sanctioned events as a member of Stampede 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, totally, to partial disability, disfigurement, paralysis, and any other losses to person or property, including death. I further release Stampede Wrestling Club and Texas USA Wrestling, Katy Independent School District or any coach or volunteer associated with Stempede Wrestling Club from all liability for said injuries above.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Club Use Only

Date Rec'd \_\_\_\_\_ Amount Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ USA # \_\_\_\_\_