

ASICS SOUTHERN CALIFORNIA WRESTLING ACADEMY

Student Participant

PERMISSION/WAIVER FORM

NOTE: PARENT/GUARDIAN-IT IS IMPORTANT that you complete the following Health Record. Your son/daughter must present it at the time of registration on site.

Name of Student (please print) _____

Address _____

City _____ State _____ Zip _____ Phone _____

If the participant is a child, print the names of parent(s) and/or legal guardian(s):

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization and its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Publicity

On occasion, this organization takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

(over)

Medical History

1. Does the camper have any known physical defect or illness, which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the camper have any severe allergies or reactions to drugs or medicines? Explain.
3. Is the camper presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details. (Name of drugs, dosage, etc.)
4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) _____
5. Are there any emotional/social disabilities that would be helpful for use to be aware of?
6. Is your son/daughter living with ___both parents ___one parent ___guardian ___other

Health Insurance

Health insurance information: Insurance company _____
Policy Number _____ Phone Number _____
Medical Doctor _____ Phone Number _____

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____	Home _____	Work _____
Parent/Guardian _____	Home _____	Work _____
Other _____	Home _____	Work _____

Transportation

In participation of this program your son/daughter may need transportation to and from the airport or campus facilities. Campers may also be transported to different Entertainment Venues. Please be aware all modes of transportation are fully insured.

Swimming Ability

_____ Non-swimmer _____ Moderate (capable of swimming several lengths of pool)
_____ Beginner (capable of swimming for several minutes in deep water) _____ Advanced (capable of swimming long distances)

Other Information

Other information leaders should know about the child participant:

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I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian