

Delta Wrestling Club

Wrestler Waiver Form

Wrestler Information

Name:

Date of birth:

Address:

City:

State:

Zip:

Parent's / Guardian's Name

Mom:

Dad:

Mom's Cell:

Mom's Email:

Dad's Cell:

Dad's Email:

Emergency Contact

Name & Relation:

Phone Number:

The undersigned parent/guardian of the above named wrestler hereby give my/our approval to participate in any and all Eagle Wrestling Academy activities. I/We assume all risks and hazards incidental to such participation (including practices) and the transportation to and from the activities. I/We do hereby further release, absolve, indemnify and hold harmless the wrestling club, organizers, sponsors, supervisors, Archbishop Shaw High School and Archdiocese of New Orleans any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. In case of injury to my/our child, I/we hereby waive all claims against the organizers, league offices, the sponsors or any of the supervisors appointed by them. In case of emergency, as Parents or Guardians of the named wrestler, I hereby give my consent for emergency medical care. This care may be given under whatever conditions are necessary for the wellbeing of the wrestler.

List any and all medical problems or prohibition the wrestler has:

Insurance Carrier:

ID#

Family Physician:

Phone#

Parent / Guardian Signature:

Date:

Once payment is deposited there will be no refund for any reason.

Waiver is valid for two years from the signed date.