

Clearview Wrestling Club

Ohio Youth Wrestling Association

Name: _____ Grade: _____ D.O.B: _____ School: Vincent Durling

Address: _____ Phone: _____

Medical History: (anything pertinent coaches may need to know) _____

Emergency Contact #1: _____ Emergency Contact #2: _____

LIABILITY WAIVER

Having been informed of the organization of the Ohio Youth Wrestling Association Sunday League, to provide supervised wrestling for children, I/We the parent(s)/guardian(s) of the above named candidate, do hereby give my/our approval to his/her participation in any and all of the activities during the current season. I/We do assume all of the risks and hazards incidental to the conduct of and transportation to the activities. I/We assume any and all medical costs incident there to. I/We do further hereby release, absolve, indemnify, and hold harmless the Clearview Local School District, Ohio Youth Wrestling Association, Lutheran West High School, the organizers, sponsors, and the supervisors, any or all of them. In the case of injury to my/our child, I/We hereby waive all claims and charges against the organizers, the sponsors, or any supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities.

LIMITED POWER OF ATTORNEY

As parents, I/We authorize representatives of the Clearview Wrestling Club and the Ohio Youth Wrestling Association to seek emergency medical care for my named child. I/We also agree that in an emergency, medical services be allowed to transport and care for my child as long as reasonably practical.

Wrestlers Name: _____

Signature of Athlete: _____

Signature of Parent/Guardian: _____