

**Mendham-Chester Patriots Wrestling**

2015-2016

**Medical Consent & Waiver**

**Wrestler's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Parent's Names** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Other Than Parent** \_\_\_\_\_

**Emergency Contact Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parental Consent and Waiver**

As the parent of the child named above, I hereby give my full consent and approval for my child to participate fully as a wrestler in the Mendham-Chester Patriots Wrestling Club.

I understand that wrestling is a physically demanding close contact sport and that there are certain risks of injury inherent in wrestling as well as in traveling and in other related activities incidental to my child's participation. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participation in wrestling and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in wrestling. My child has recently been examined by a physician and has been found physically fit to wrestle.

In addition to giving my full consent for my child's participation, I do hereby agree to indemnify, release and hold free and harmless the Mendham-Chester Patriots Wrestling Club, its officers, trustees, coaches, sponsors, officials, supervisors, representatives and agents from any and all liability against them arising out of my child's participation therein whether liability is caused by, or arises out of, the negligence of the Club, its officers, trustees, coaches, supervisors, representatives or agents or caused by any other reason.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Does your child have any allergies/conditions we need to be aware of in case of emergency? \_\_\_\_\_

\_\_\_\_\_

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**Fees:** Novice Wrestlers: 1<sup>st</sup> and 2<sup>nd</sup> year wrestlers, Kindergarten – 4<sup>th</sup> grade..... \$175.00  
Junior Varsity/Varsity Wrestlers: 3<sup>rd</sup> year wrestlers and up ..... 200.00

Mail completed registration form and payment to: Mendham-Chester Patriots Wrestling  
8 Pleasant Hill Road  
Chester, NJ 07930

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(Office use only) Check # \_\_\_\_\_ Date \_\_\_\_\_