

Victory School of Wrestling – Emergency & Health Information Form

Please fill out completely and return to: Victory School of Wrestling :: PO Box 804 :: River Falls, WI 54022 :: Phone: 715-441-2980

PLEASE USE ONE FORM PER ATHLETE AND PRINT NEATLY

Date Completed _____

Athlete's First Name _____ Middle Initial _____ Last Name _____ Gender _____

Grade in Fall 2007 _____ School in Fall 2007 _____ Age _____ Birthdate _____

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

E-mail Address _____ Birthdate _____

Home Phone Number _____ Mobile Phone Number _____ Work Phone Number _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

(if different)

E-mail Address _____ Birthdate _____

Home Phone Number _____ Mobile Phone Number _____ Work Phone Number _____

Please check this box if you do NOT want to receive updates from Victory School of Wrestling via E-mail.

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent or guardian (listed above) cannot be reached AND are authorized to pick up the child:

Name _____

Relationship _____

Phone Number(s) _____

Family Doctor _____

Phone _____

Family Dentist _____

Phone _____

Do you carry family medical/hospital insurance? _____

Carrier _____

Policy/Group# _____

IS THE ATHLETE TAKING ANY MEDICATIONS? _____

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call Victory School of Wrestling for this form, or pick it up at the VTC.

HAS THE ATHLETE HAD ANY OF THE FOLLOWING, EXPLAIN

Special Needs _____

Allergies or Asthma _____

Dietary Restrictions _____

Chronic or recurring illness _____

Operations/serious injuries _____

Ringworm _____

Herpes Simplex _____

Impetigo _____

Waiver of Liability

I understand that Victory School of Wrestling assumes no responsibility for injuries or illnesses which my minor child may sustain resulting from participation in any activities or programs. I testify that the above information is true and Victory (directors, employees or volunteers) is not to be held liable for information that was not communicated by the parent of a minor. Wrestling is a combative/contact sport and I completely understand the risks involved in such sport.

Parent/Guardian Authorization

In the event that my child needs immediate medical attention for injuries received while participating, I authorize the Victory staff to give my child responsible first aid, and to arrange transport of my child to a health care facility for emergency services as needed. I hereby release all pictures of my child taken by Victory School of Wrestling for promotional purposes and programming materials including the Victory website.

Parent/Guardian Signature _____ Date _____/_____/_____