# PARTICIPANT INFORMATION

CHILD’S NAME: BIRTH DATE:

GRADE: SCHOOL:

STREET ADDRESS: CITY: STATE: ZIP CODE:

CELL NUMBER: EMAIL:

# WRESTLING EXPERIENCE

Total years of wrestling experience? Level:

Other activities/pursuits/interests:

# FAMILY INFORMATION

PARENT 1 – NAME: RELATIONSHIP:

PHONE NUMBERS:(DAY) (EVENING)

EMAIL:

PARENT 2 – NAME: RELATIONSHIP:

PHONE NUMBERS:(DAY) (EVENING)

EMAIL:

# MEDICAL INFORMATION

Is your child allergic to any drugs? Yes / No If yes, what?

Does your child have other allergies? Yes / No If yes, what?

Does your child have asthma? Yes / No Diabetes? Yes / No Epilepsy? Yes / No

Is your child taking any medication? Yes / No If yes, what?

List all health issues that might be relevant when evaluating your child in case of an emergency:

# EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: PHONE NUMBER:

FAMILY PHYSICIAN: PHONE NUMBER:

INSURANCE COMPANY: POLICY NUMBER:

***I authorize and certify all above information as true and accurate.***

Parent/Guardian:

 (print legal name) (signature) (date)

# PCWC INFORMED CONSENT

I hereby give my permission for my child/ward, the undersigned wrestler (“Participant”), to participate in the Park City Wrestling Club (“PCWC”). Further, I authorize the PCWC coaches/stuff to provide emergency treatment of any injury or illness my child/ward may experience if qualified medical personnel consider the treatment necessary. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so.

The Participant and I are aware that participating in wrestling with PCWC is a potentially hazardous activity. We assume all risks associated with this sport, including but not limited to falls, contact with other participants, and other reasonable-risk associated with the sport. All such risks to the Participant are known and appreciated e my

child/ward and me.

***We understand this informed consent and agree to its terms and conditions.***

Participant/Wrestler:

 (print legal name) (signature) (date)

Parent/Guardian:

 (print legal name) (signature) (date)

Parent/Guardian:

 (print legal name) (signature) (date)

# PCWC CODE OF CONDUCT

The PCWC Code of Conduct is strict and serious. All people associated with the sport are always expected to act with sportsmanship, dignity and respect for others, including coaches, parents, wrestlers, and spectators.

Poor sportsmanship includes, but is not limited to:

* Arguing with coaches, officials, teammates, opponents, or spectators
* Using threatening or profane language
* Baiting or taunting coaches, officials, teammates, opponents, or spectators
* Unsafe or uncontrolled play or behavior on and off the mat

Poor sportsmanship will carry consequences including, but not limited to, verbal warning, removal from practice/meet or dismissal from the Club.

***We, parent(s) and the Participant, have discussed the PCWC Code of Conduct and agree to abide by it. We understand that there is recourse for dismissal from the Club a consequence of breaking this Code of Conduct.***

Participant/Wrestler:

 (print legal name) (signature) (date)

Parent/Guardian:

 (print legal name) (signature) (date)

Parent/Guardian:

 (print legal name) (signature) (date)