



## 2014 – 2015 BTS PARENTAL AUTHORIZATION AND LIABILITY WAIVER

Please Print Legibly

Wrestler's Full Name:	Birth Date:	2014 Grade:
School:	Student I.D./OSIS#	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student E-mail:	Student Cell Phone#:	
Ethnicity: <input type="checkbox"/> American Indian, <input type="checkbox"/> Asian, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Hispanic/Latin, <input type="checkbox"/> Native Hawaiian/Pacific Islander, <input type="checkbox"/> White, <input type="checkbox"/> Other		
Do you have a current USA Wrestling membership? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the card number?		
Address:	Apt #:	City: State: Zip:
Parent Name:	Parent E-mail:	
Cell Phone:	Home Phone:	Work Phone:

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name:	Phone 1:	Phone 2:
Name:	Phone 1:	Phone 2:

Please list Allergies the wrestler has:

Is the wrestler currently on any medication?  YES  NO If yes, list:

Has the wrestler been diagnosed with a concussion?  YES  NO If yes, when and how severe?

Please list other medical conditions:

Physician Name:	Physician Phone Number:
Medical Insurance Company:	Phone:
Policy Holder's Name:	
Policy Member I.D. #	Group #:

I hereby give my consent for the above named wrestler to participate in any Beat The Streets run training sessions, events, or competitions from September 1<sup>st</sup>, 2014 to August 31<sup>st</sup> 2015. I recognize the possibility of physical injury associated with wrestling, which may include but is not limited to paralysis, permanent mental disability, and death, and hereby release, discharge, and otherwise indemnify Beat the Streets Wrestling Inc., the employees and associated personnel of the organization, and affiliated organizations against any claim by or on behalf of the wrestler named above as a result of that wrestler's participation in Beat the Streets programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to have an athletic trainer, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the wrestler with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the wrestler to a medical treatment facility should an individual listed above consider it to be warranted.

I hereby authorize the use of the above named wrestler's name and image in promotional publications for Beat the Streets.

By signing below, I acknowledge that I have read, understand, and accept the above contractual agreements.

**Wrestler's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relation to Wrestler:**  Father  Mother  Guardian