



Registration and Consent Form:

I hereby give my permission for my son or daughter or ward to participate in the Hustle & Muscle (H&M) Mat Club's activities. I understand wrestlers are required to join USA Wrestling. **Further, I authorize the club to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary. This authorization is granted if I cannot be reached and reasonable effort has been made to do so.**

PLEASE TYPE OR WRITE YOUR ANSWERS BELOW VERY CLEARLY, ESPECIALLY THE NAME, PHONE NUMBER AND EMAIL ANSWERS. IF YOU DO NOT KNOW THE ANSWER, LEAVE THE SPACE BLANK.

Parent/Guardian: _____ Child's Name(s): _____

Address: _____

School & Grade: _____

Phone Number: _____ **Weight:** _____

Date of Birth: _____ **USAW No:** _____

Email: _____

Emergency contact: _____ Phone: _____

Relationship to athlete: _____

Medical Insurance Company: _____ Primary Insured Name: _____

Policy #: _____ Group: _____

Family physician: _____ Phone: _____

Medical conditions (e.g., allergies, chronic illness): _____

My child and I are fully aware the participating in wrestling is potentially dangerous activity. We assume all risk associated with participation in this sport, including but not limited to falls, physical contact with other participants, and other reasonable-risk conditions associated with the sport. All such risks to my child are known and understand by my child and me.

We understand this informed consent form and agree to its conditions.

Parent's or guardian's signature _____ Date: _____