



LOCATION:
1230 GLENHAVEN COURT, #300
EL DORADO HILLS BUSINESS PARK 3

Mailing Address:
2201 Francisco Drive #140-200
El Dorado Hills, CA 95762
Email: EDHwrestling@ymail.com
Phone: 916-220-7077 or 916-548-3838

**RELEASE OF LIABILITY, ASSUMPTION OF RISK,
AND EMERGENCY CONTACT INFORMATION FORM**

Athlete 1 Name: _____ Age: _____ DOB: _____ Wt. _____ Experience level: _____

Grade: _____ School: _____ Invited or Referred By: _____

For Family Membership list additional family members: _____

Athlete 2 Name: _____ Age: _____ DOB: _____ Wt. _____ Experience level: _____ Grade: _____ School: _____

Athlete 3 Name: _____ Age: _____ DOB: _____ Wt. _____ Experience level: _____ Grade: _____ School: _____

Athlete 4 Name: _____ Age: _____ DOB: _____ Wt. _____ Experience level: _____ Grade: _____ School: _____

Parent Names: Mom: _____ Mom Cell: _____ Home Phone: _____

Dad: _____ Dad Cell: _____ Work Phone: _____

Parent Email Addresses: **print clearly** Mom: _____ Dad: _____

Athlete Email Address: _____ Athlete Cell phone: _____

Mailing Address: _____ City/State _____ Zip: _____

Please check any known medical conditions that the coaches should be aware of:

Allergies: Food: _____ Bee Stings: _____ Carries EpiPen? _____ Antibiotics: _____ Other: _____

Does Child have Asthma? Y/N _____ Carries Medication? _____ Is Child on any other medication? _____

List all medications and dosage: _____

Any medical conditions or injuries that will limit safe participation in any activity: (be specific) _____

EMERGENCY CONTACT INFORMATION: (if parents are unavailable)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PRIMARY PHYSICIAN NAME: _____ PHONE: _____

CURRENT HEALTH COVERAGE? Y/N _____ NAME OF PROVIDER: _____

POLICY #: _____ GROUP ID #: _____ PHONE: _____

RX#: _____ PHARMACY: _____

PRIMARY DENTIST NAME: _____ PHONE: _____

DENTAL INSURANCE PROVIDER: _____

PHONE: _____ POLICY #: _____ GROUP ID#: _____

PERSON OR PEOPLE AUTHORIZED TO PICK UP MY CHILD FROM CLASSES or COMPETITIONS:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

RELEASE OF LIABILITY WAIVER and ASSUMPTION OF RISK:

I, the undersigned parent or guardian, do hereby grant permission for my child _____ to train at The El Dorado Hills Wrestling Club & Fitness facilities. Which include 1230 Glenhaven Court #300, Oak Ridge High School 1120 Harvard Way, EDHMA 2222 Francisco Drive #120 or 4580 Beechwood Dr. all in El Dorado Hills, CA 95762. I acknowledge, understand and agree that my child is assuming risk of such injury, illness, disability or death by his or her participation in wrestling training and fitness activities. I assume full responsibility for my child's participation and give my permission to participate.

In order that my child may receive necessary medical treatment in the event of injury or illness, and parent or guardian cannot be reached, I hereby authorize the EDH Wrestling Staff / Coaches / Clinicians or Team Parent to facilitate medical treatment for my child for such illness or injury sustained during time in the training rooms / gym / or competition venue. Furthermore, EDH Wrestling Club founders, principals, board members, owners and coaches, facility owners and ORHS School staff will not be held responsible for any injury or illness incurred while my child is training at any of our above listed facilities, gyms or traveling to or from and event.

Initial Below:

_____ I agree not to hold EDH Wrestling Club, Coaches, Trainers, Staff, Founders, Principals, Directors, Owners of Facility or Oak Ridge High School or El Dorado Union High School District or Rescue Union or Buckeye School Districts liable for any negligence or consequences thereof during my child's or my families participation in any activity while at any of the above listed training facilities or traveling to or from an event.

_____ I verify that my child does have primary medical insurance coverage.

_____ I verify my child has passed a sports physical within the last twelve months and is authorized to participate in contact youth sports.

Parent/Guardian Name: (Please Print) _____ (if over 18 yrs old may sign for self)

Parent/Guardian Signature: _____ **Date:** _____