Practice location:
Oak Ridge HS Wrestling Room
1120 Harvard Way
El Dorado Hills, CA

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

EDH WRESTLING CLUB - YOUTH WRESTLING

Wrestler Name: _____ Age: ____ DOB: _____ Wt. _____ Experience level: _____

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

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:_____

Liability Waiver signed Y/N ? ___ USA Wrestling Card#: _____ SCWAY Card #: _____ Birth Certificate Verified?___

INITITIAL	SEASON	DESCRIPTION	COST
	WINTER NOV – FEB	Winter Season is Folk Style Wrestling for Middle School and Elementary Ages. Competitions Dec-Feb.	295.00
	USA WRESTLING CARD	MUST PURCHASE USA WRESTLING CARD TO PARTICIPATE.	50.00
		Or purchase here directly and bring copy of card to coach. www.usawmembership.com	

Total amount to be paid: _____

Checks payable to: EDH Wrestling

DISCOVER MasterCard VISA AMERICAN EXPRESS

CVV Code: ☐☐☐

Code for Amer.Exp.: ☐☐☐☐

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date: ☐☐ // ☐☐

Credit Card Authorization Signature _____ Dated: _____

Total Due for Current Season: $☐☐☐-☐☐

Amount paid by Check or Cash: $☐☐☐-☐☐

Amount to Charge Credit Card: $☐☐☐-☐☐

Billing Zip Code: ☐☐☐☐☐

CREDIT CARD MUST BE HELD ON FILE FOR SINGLET DEPOSIT : Visa, MasterCard, American Express, or Discover Cards are Accepted.

Fees must be paid in full before first practice. Checks payable to EDH Wrestling, For competition team members if uniform (singlet) is not turned in at end of competition season or is returned damaged credit card will be charged for replacement cost ($75).

_____
Printed Name

_____ _____
Signature for Authorization of above terms & Conditions Date Signed

Call 916-220-7077 or email EDHwrestling@ymail.com for any questions on membership fees or schedule.

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

Wrestler Name: _____ Age: ____ DOB: _____ Wt. _____ Experience level: _____

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

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, Oak Ridge High School 1120 Harvard Way, 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:** _____