

Blue Wrestling Parental Waiver and Consent Form



As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a member of the Blue Wrestling Club. I understand that there are certain risks of injury inherent in the practice and participation in wrestling. I also acknowledge that there are risks associated in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the sport of wrestling and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Blue Wrestling, East Lake High School, Pinellas County Schools, club officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I understand I am required to purchase either a USA Wrestling Card or AAU Wrestling Card prior to participation in the Blue Wrestling Club. Please note that cards expire on 8/31. You must renew each year.

Card #: _____ Parent Signature: _____

 Print Wrestler's Name DOB Weight

 Print Parent Name Address

 Parent Email Address Parent Cell Wrestler Cell (HS only)]

Child is attending (check all that apply):
 Blue Wrestling High School Club Blue Wrestling Youth Club (K-8)
 Blue Wrestling Summer Camp

Please list any physical limitation (allergies, hearing, sight, etc.): _____

Parent Signature Date

Date