



2026-27 LAKERS WRESTLING CLUB 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 Lakers 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.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Lakers 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.

Please visit EASTLAKEWRESTLING.COM/CLUB-WRESTLING for club information.

I understand I am required to purchase an AAU/Uventex Wrestling Card to participate in practice and events involving the LAKERS WRESTLING CLUB. Please note that cards expire on 8/31 and must be renewed each year.

Lakers Wrestling Club Code : **UX4NTUJFY**

AAU/Uventex Card #: _____ Zip Code _____

Print Wrestler's Name : _____ Date of Birth ____ / ____ / ____

Wrestler's Signature : _____ Date: _____

Parent's Signature : _____ Date: _____