

Kuna Wrestling Club Registration Form

Name _____

Birthdate _____

Male Female

Guardian Name _____

Home Phone _____

Relationship to Wrestler _____

Work Phone _____

Address _____

Cell Phone _____

City _____

Email _____

(for club purposes only)

KUNA CLUB: The Kuna Wrestling Club is a nonprofit wrestling club whose mission is to teach young people the sport of wrestling, combined with the importance of good sportsmanship, responsibility and commitment. In order to insure the safety of all participants, as well as the smooth operation of workouts and tournaments, Kuna Club has adopted several rules and standards that are to be abided by.

All Kuna Club practices have an open door policy. We welcome any wrestler to practice at our practices as long as the wrestler has a valid USA Wrestling card with them. All wrestlers attending practices will be expected to conduct themselves responsibly.

Attending practices does not make you an active member of Kuna Wrestling Club. In order to be a Kuna Club member the wrestler is expected to make a commitment to the Kuna Wrestling Club. Any wrestler abiding by these guidelines will have the opportunity to take advantage of the support of Kuna Wrestling Club. This commitment includes:

- A Kuna Club Wrestler must pay the registration fees established by the Kuna Wrestling Club.
- Each Kuna Club Wrestler must represent Kuna Wrestling Club at all tournaments competed in for the season through the State Tournament.
- Each Kuna Club Wrestler must participate in all fundraising opportunities throughout the year.
- Each Kuna Club Wrestler must abide by rules/code of conduct set up by the Kuna Wrestling Club.

We will be requiring the assistance of all parents to make this club a success this year. There are numerous ways you can get involved and make a difference in the experience that all the wrestlers have this season. Please consider where you might be best suited to serve the club and its youth! If you are uncertain what volunteer opportunities involve just ask! You must select at least one (1) volunteer position. If you choose not to volunteer, you will be charged an opt-out fee of \$25.

I acknowledge that I have had sufficient opportunity to review the details of this form and understand its purpose, meaning and intent.

Participant's Signature

Date

Please Print Name

Parent's Signature

Date

Please Print Name

Volunteer Choices:

- | | | | | | |
|---------------------------------|--------------------------|------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Table Help | <input type="checkbox"/> | Mat Tear-down
(Kuna Tournament) | <input type="checkbox"/> | Medal Table
(Kuna Tournament) | <input type="checkbox"/> |
| Mat Official | <input type="checkbox"/> | Registration
(Kuna Tournament) | <input type="checkbox"/> | Security
(Kuna Tournament) | <input type="checkbox"/> |
| Pairing | <input type="checkbox"/> | Apparel Sales
(Kuna Tournament) | <input type="checkbox"/> | Announcer
(Kuna Tournament) | <input type="checkbox"/> |
| Coaching | <input type="checkbox"/> | Concessions
(Kuna Tournament) | <input type="checkbox"/> | Staging Help
(Kuna Tournament) | <input type="checkbox"/> |
| Fundraising Organizer | <input type="checkbox"/> | Weigh-In's
(Kuna Tournament) | <input type="checkbox"/> | Team Mom/Dad | <input type="checkbox"/> |
| Web Designer | <input type="checkbox"/> | | | | |
| Mat Set-up
(Kuna Tournament) | <input type="checkbox"/> | | | | |

T-Shirt Size (select one):

Youth: XS S M L
Adult: S M L XL XXL XXXL

DO NOT WRITE BELOW THIS LINE – FOR CLUB RECORDS ONLY

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate Verified | <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> 2003 thru 2006 Folkstyle: \$60 | <input type="checkbox"/> Cash |
| <input type="checkbox"/> 2002 and older Folkstyle: \$75 | Total Paid \$ _____ |
| <input type="checkbox"/> 2012 Freestyle Participant: Additional \$20/\$25 | USA Card No.: _____ |
| <input type="checkbox"/> No Volunteer Option: \$25 | |



USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: _____ USA Card No.: _____

Emergency Contact: _____ Phone No.: _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) _____
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed

- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.

- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly _____
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
Heart disease (rheumatic fever) Liver disease (hepatitis)
Kidney disease (infections) Lung disease(pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly _____
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each _____
- Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each _____
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. _____
- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
Permanent bridge Permanent crown or jacket
Braces Full plate Removable partial plate
Permanent retainer Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened _____
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury.

- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.

- Yes No 18. Have you ever had an injury to your back?
- Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently With vigorous exercise With heavy lifting
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?
- Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____
- Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?
- Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

- Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s):

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Wrestler's USA Wrestling Card No. _____

Name of Club _____

Coach's Name _____ Phone Number _____

**USA Wrestling
Waiver and Release from Liability**

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby **FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.**

2. Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. **RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.**

3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant's Signature)

(Date)

(Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to minor)