

# **Application to Participate in the BADGER YOUTH WRESTLING CLUB, LLC**

**Please Print**

Wrestler's Name: \_\_\_\_\_

I/we, the parents of the above named candidate for a position on the Badger Youth Wrestling Club, LLC hereby give my/our approval to participate in any and all Badger Youth Wrestling Club, LLC activities, including transportation to and from activities.

I/we know that participation in wrestling may result in serious injuries, and protective equipment does not prevent all injuries to wrestlers. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Badger Youth Wrestling Club, LLC, the organizers, sponsors, supervisors, participants, coaches, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause except to the extent and in the amount covered by accident.

I/we do hereby waive, release, and forever discharge, for ourselves, our heirs, executors, and administrators, any and all rights and claims which I/we may have or which may hereafter accrue to my/our child, against the Badger Youth Wrestling Club, LLC and the sponsors, the administrators of the program, their respective officers, agents, coaches, or representatives, in connection with his/her said association with or entry and/or arising out of his/her traveling to participate in and return from said club meets of exhibition during the season. By signing my/our signature/s below, I/we am/are fully aware that I/we am/are responsible for all injuries that may occur to my/our child during the Badger Youth Wrestling Club, LLC campaign (other than what the club insurance covers). We hereby acknowledge that the club requests, but does not require, a thorough physical exam prior to participation.

I/we agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received (except for normal wear and tear).

Please indicate any physical limitations (allergies, hearing, etc.): \_\_\_\_\_

\_\_\_\_\_

Any additional information/concerns: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wrestler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_