



1800 South Clinton Avenue
Rochester, NY 14618
rocwrestling.com

NAME (print): _____ Age: _____ Weight: _____
GRADE: _____
ADDRESS: _____
CITY: _____ STATE: _____ Zip: _____
CELL PHONE #: _____ PHONE #: _____
EMAIL: _____
EMERGENCY NAME & CONTACT: _____
NYWAY Card (currently active): circle Yes or NO
USA WRESTLING CARD NUMBER: (if current, please write #): _____
SCHOOL DISTRICT: _____

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate at Roc Wrestling Club LLC. I certify that my child is physically healthy and is permitted to participate. My child has no previous sickness, illness, disease, or bodily injury, which is contradictory to participation. I understand that participation may involve physical contact, and there are certain risks of injury inherent in the practices and play of any sport, and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment for my child.

I hereby consent for medical treatment deemed necessary by medical personnel designated by club authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release, and hold harmless the Roc Wrestling Club LLC, its officers, coaches, and representatives for any injury that my child may suffer in the normal course of participation and the activities incidental to it.

****Photo Release Agreement****

I give permission for Roc Wrestling Club LLC to use any photographs, digital images, videotapes, DVDs, films, CDs, or audio recordings that include my child. These materials may be used for various purposes, including but not limited to promotional activities, fundraising, advertising, and educational initiatives. My child's name or any personal information does not need to be included. I waive the right to inspect or approve the appearance or use of the aforementioned materials.

Parent/Guardian Signature: _____ Date: _____
Member signature: _____ Date: _____