



Auburndale Youth Wrestling

Medical Release and Waiver

Coaches, volunteers and participants must share responsibility for sports safety. I the undersigned am aware that there are risks of injury involved in participation of wrestling. I am aware that responsible precautions are taken to reduce risk and am willing to help reduce these risks.

My signature confirms my commitment to the prevention of injuries, which includes rules, procedures and safety techniques that I may be taught during wrestling.

I hereby give permission for _____ to participate in Auburndale's youth wrestling program.

In the event of any illness during wrestling, please complete the following:

Student's name _____ Date of Birth _____

Address _____

Phone number to be reached at time of wrestling _____

Medications: _____

Health problems and concerns: _____

Name and phone of a person who can assume temporary care of your child if you cannot be reached:

Name: _____ Phone: _____

Rules:

1. **If you are not practicing, please do not be in the wrestling room.**
 - a. There is not enough room for practice if parents stay in wrestling room.
2. **Fingernails must be clipped.**
3. **Must have clean shorts, sweatpants or singlet.**
4. **Girls should have their hair back in a braid or ponytail (no metal).**
5. **Must wear clean tennis shoes or wrestling shoes.**
6. **No horseplay will be tolerated.**

Parent's Signature _____ Date: _____