

Boulder United Wrestling

2011-12 Application and Release Form

Please complete this form (including signatures on page 2) and mail it to the address below or personally deliver it to the first practice your son/daughter attends*.

Boulder United Wrestling
1919 14th St.
Boulder, CO 80302

Please include an \$90 check made payable to: **Boulder United Wrestling**

Contact Kirk Jones if you have any questions:
Phone: (303) 444-2395
Email: boulderunited_mjwl@yahoo.com

A copy of a birth certificate will be required to participate in the district and regional tournaments.

***No child will be allowed to participate in a practice or a meet until this form is completed and turned in.**

Wrestler Information

First Name:

Last Name:

Street Address:

Street Address:

City, State Zip:

Home Phone:

Cell Phone:

Email address:

Weight:

School/ Current Grade:

Age/Date of Birth

Birth Certificate Submitted (yes/no)

Mother's Information

First Name:

Last Name:

Street Address:

Street Address:

City, State Zip:

Home Phone:

Work Phone:

Cell Phone:

Email address:

Father's Information

First Name:

Last Name:

Street Address:

Street Address:

City, State Zip:

Home Phone:

Work Phone:

Cell Phone:

Email address:

Emergency Contact

Name:	Relationship:	Phone :
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Medical Insurance Information

Medical Insurance Provider:	Insurance Company Phone:	Policy Holder:
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Group Number:	Policy Number:	Participant's Doctor/Phone:
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Wrestlers & Parents/Legal Guardians: Please sign the liability waiver on page 2 of this document. Also, complete all of the applicable, preceding boxes. Boulder United Wrestling offers scholarships for those wrestlers and their families in need. Please contact Kirk Jones for details. Those individuals receiving scholarships are encouraged to work in a volunteer capacity to benefit Boulder United Wrestling.

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Liability Release

As parent/legal guardian of the wrestler named on the opposite or attached side of this document, I understand, recognize, and assume that participation in this sport may cause bodily injury or accidental death to my child during participation.

I recognize that any public/private facility on which the meets or practices are held, the staff, coaches, volunteers, providers of transportation, Directors of Boulder United Wrestling, other wrestlers and their parents/legal guardians associated with Boulder United Wrestling are not liable for any accident, injury, or accidental death to my child/children incurred while participating in, or traveling to activities associated with this sport, either in meets, practices, or other events. I fully release Boulder United Wrestling, its staff, coaches, volunteers, and Directors from any and all liability associated with my child's/children's participation.

I fully understand that participation may include travel, to and from meets or practices, provided Boulder United Wrestling, its staff, coaches, volunteers, Directors, or other parents. My release of liability extends to these parties providing transportation. I acknowledge that this release is given voluntarily and I agree Boulder United Wrestling, its staff, coaches, volunteers, and Directors are not responsible for reimbursement of medical or any other expenses resulting from any injury.

Medical Authorization

I authorize Boulder United Wrestling and its coaches, or other representatives to act on my behalf in accordance with its best judgment in case of medical emergency requiring transportation or treatment of injury sustained.

Physically Able

I verify that my son/daughter is physically able to participate in the Boulder United wrestling program. The wrestlers participate in the Boulder United wrestling program at his/her own risk.

Acknowledgement

By signing below, I acknowledge the liability release, the medical authorization, and the "physically able" statement. I acknowledge that I have read this document, and that I agree to these terms voluntarily.

Print Wrestler Name _____

Wrestler Signature _____ **Date Signed** _____

Print Parent/Legal Guardian Name _____

Parent/Guardian Signature _____ **Date Signed** _____