

# 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**  
**4726 Quail Creek Lane**  
**Boulder, CO 80301**

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

**Contact John Harding if you have any questions:**  
**Phone: (303) 908-8603**  
**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:	<input type="text"/>	Street Address:	<input type="text"/>		
Last Name:	<input type="text"/>	Street Address:	<input type="text"/>		
		City, State Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>	Weight:	<input type="text"/>		
Cell Phone:	<input type="text"/>	School/ Current Grade:	<input type="text"/>	<input type="text"/>	
Email address:	<input type="text"/>	Age/Date of Birth	<input type="text"/>	<input type="text"/>	
		Birth Certificate Submitted (yes/no)	<input type="text"/>	<input type="text"/>	

### Mother's Information

First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
City, State Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>		
Work Phone:	<input type="text"/>		
Cell Phone:	<input type="text"/>		
Email address:	<input type="text"/>		

### Father's Information

First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
City, State Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>		
Work Phone:	<input type="text"/>		
Cell Phone:	<input type="text"/>		
Email address:	<input type="text"/>		

### Emergency Contact

Name:	Relationship:	Phone :
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### Medical Insurance Information

Medical Insurance Provider:	Insurance Company Phone:	Policy Holder:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Group Number:	Policy Number:	Participant's Doctor/Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*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** \_\_\_\_\_