

Saint Wrestling Club

A Chartered Wrestling Club of NC/USA Wrestling and USA Wrestling

2014-2015 Membership Registration

This Membership Packet contains a **Membership Form** (Registration, Fees, and Dues), a **Waiver and Release from Liability Form**, a **Parent's Instruction on Medical Treatment**, and a **Medical History Questionnaire**. All forms must be properly and completely filled out and signed by parent or legal guardian **Make check payable to Catawba Rasslin Club.**

- **Membership fee for one season is \$90.00.**
 - **The USA Wrestling Card (\$40.00) which is mandatory** for all club practices and all Sanctioned USA Events across the country. The USA Card provides secondary medical insurance, which covers the wrestler while traveling, practicing, and competing. It also includes a one-year subscription to USA Wrestler Magazine. **If you already have a current USA Card, this fee is dropped.**
 - **The Club Annual Fee (\$50.00)** which provides funds for maintaining club essentials. This fee is mandatory for every wrestler who wishes to participate in club practices or activities. No free multiple "visitations". **Everyone must share in the operating expense of the club.**

Date of Birth		Mother's Name	
Name		Home Phone #	() - -
Address		Cell Phone #	() - -
City		Work Phone #	() - -
State		Mother's Email	
Zip		Father's Name	
Wrestler's Home#	() - -	Home Phone #	() - -
Wrestler's Cell #	() - -	Cell Phone #	() - -
Wrestler's Email		Work Phone #	() - -
Grade In School		Father's Email	
Name of School		Primary Contact for Emergency	

Parent/Guardian that filled out this Form		Relationship to Wrestler	
Address		Home Phone	() - -
City		Cell Phone	() - -
State		Work Phone	() - -
Zip		Guardian's Email	

Club Office Use			
USA Card #	Paid Card	Paid Club	Notes

Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, Catawba Rasslin Club, Saint Wrestling Club, St. Stephens Wrestling Club, administrators, agents, directors, officers, state organizations, NORTH CAROLINA JUNIOR OLYMPIC WRESTLING ASSOCIATION, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice, or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past present or future, direct consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. RELEASOR understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3 RELEASOR acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including RELEASOR, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from RELEASOR'S own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further RELEASOR acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at the time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND IT PURPOSE, MEANING AND INTENT.

Table with 3 columns: Participant's Signature, Date, Print Name

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated Waiver and Release.

Table with 3 columns: Signature of Parent or Legal Guardian, Date, Print Name. Includes a row for Relationship to Participant.

Parent's Instructions on Medical Treatment

Please PRINT answers in capital letters

Wrestlers Name		Date of Birth	
Parent /Guardian Name		Relationship	
Home Phone	() - -	Work Phone	() - -
Address			

- **Please indicate another person to call if an accident occurs and we are unable to reach you**

Name		Phone No.	() - -
Insurance Company		Phone No.	() - -
Family Doctor		Phone No.	() - -

- **Is your child presently on medications? _____ (If yes, Please list medication(s):**

- **Drug Sensitivities:** _____
- **Other Allergies:** _____

Date of your child's last complete physical examination by a medical doctor: _____
<i>If this is more than one year ago, please complete the accompanying medical history questionnaire</i>
Please read the alternative statements below and sign under the one that you chose. Sign only one.
<ul style="list-style-type: none"> • If my child needs medical attention, it is my wish that I be contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury. • Parent/Guardian Signature: _____ Date Signed: _____
<ul style="list-style-type: none"> • If my child needs medical treatment while participating, it is my wish that the treatment be started while efforts are beign made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment. • Parent/Guardian Signature: _____ Date Signed: _____

Medical History Questionnaire – Please Circle the Correct Response

Yes	No	1	Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If “Yes”, please indicate what medications(s)
Yes	No	2	Are you now on any prescribed medication on a permanent or semi-permanent basis? If “Yes”, please indicate the name of the medication and why it was prescribed.
Yes	No	3	Have you ever had an epileptic seizure or been informed that you might have epilepsy?
Yes	No	4	Have you ever been treated for diabetes? If “Yes”, please indicate the type(s) of insulin or pills you use.
Yes	No	5	Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
Yes	No	6	Do you have or ever had high blood pressure? If “Yes”, list any medication for it that you take regularly.
Yes	No	7	Do you have or have you ever had any of the following diseases? If “Yes”, please circle the appropriate ones. Heart disease (rheumatic fever) Liver disease(hepatitis) Kidney disease(infections) Lung disease (pneumonia)
Yes	No	8	Have you ever been informed by a medical doctor that you have asthma? If “Yes”, what medications , if any, do you take regularly?
Yes	No	9	Do you presently have an unrepaired hernia ?
Yes	No	10	Have you ever been “ knock out ” or experienced a concussion during the past 3 years? If “Yes”, give the dates of each occurrence:
Yes	No	11	If the answer to No. 10 is “Yes”, did the attending physician have you stay overnight in a hospital? If “Yes”, give the dates of each occurrence.
Yes	No	12	Have you ever had an injury to you neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If “Yes”, give the dates of each such injury.
Yes	No	13	Do you wear dental appliance? If “Yes”, circle the appropriate appliance: Permanent Bridge Permanent Crown or Jacket Braces Full Plate Removable Partial Plate Permanent Retainer Removable Retainer
Yes	No	14	Do you wear contact lenses during competition?
Yes	No	15	Have you had a fracture during the past 2 years? If “Yes”, indicate which bone was broken and the date it happened.
Yes	No	16	Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If “Yes”, give the date of the injury:
Yes	No	17	Have you ever had surgery to correct a shoulder condition? If “Yes”, give the dates and what was done.
Yes	No	18	Have you ever had an injury to you back?
Yes	No	19	Do you experience pain in you back? If “Yes”, indicate frequency: Seldom, with vigorous exercise Occasionally, with heavy lifting Frequently
Yes	No	20	Have you injured your knee during the past 2 years with sever swelling as a result?
Yes	No	21	Has a medical doctor ever told you that you injured the ligaments and/or cartilage of either knee?
Yes	No	22	Have you ever been advised by a medical doctor to have surgery to correct a knee problem?
Yes	No	23	If the answer to No. 22 is “Yes”, has the surgery been completed? Date:
Yes	No	24	Have you ever experienced a severe sprain of either ankle during the past 2 years?
Yes	No	25	Have you had any injury to your foot or toes in the past 2 years? If “Yes”, explain:
Yes	No	26	Do you have any chronic conditions that have not been mentioned above? If “Yes”, explain.

All MEDICAL HISTORY QUESTIONS (1 through 26) have been answered completely and truthfully to the best of my knowledge.

Wrestler’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CLUB CONTACT INFORMATION

Tear off this page from the club membership packet and keep at home.

Bring this filled out form to your next practice

Location to Club

1. We are using the auxiliary gym at St. Stephens High School. Please call for practice times. Sometimes they are changed to work with the schools functions.

Web Site Addresses

Catawba Rasslin Club Site: www.catawbarasslin.org

St. Stephens Wrestling Site: www.saintwrestling.org

Club Email Address: royhoffman@saintwrestling.org

Club Phone Number: 828-465-4851 or Cell 828-324-7621