

East County Mat Club
Cyclones

Wrestler's Name Date of Birth

Parent's/Guardian's Names Relationship

Address
STREET CITY, STATE ZIP

Home Phone Work Phone Cell Phone

Email Address

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

Name Phone #

Family Doctor Phone #

Insurance Company Policy #

Is your child

Drug Sensitivities

Other Allergies

Date of your child's last complete physical examination by a medical doctor
IF THIS IS MORE THAN A YEAR AGO, PLEASE COMPLETE THE ACCOMPANYING MEDICAL HISTORY QUESTIONNAIRE.

Please read the alternative statements below and sign under the one you choose. **Sign only one!**

1. 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

2. If my child needs medical treatment while participating, it is my wish that the treatment be started while efforts are being 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

Name of Club: East County Mat Club

Coach's Name: Randy Lees 326-8768 or 213-8737

East County Cyclones Wrestling Club

USA Wrestling Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself, my heirs and next to 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, administrators, agents, directors, officers, state organizations, members, 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 or losses of any kind or nature, past, present or future, direct or 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 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 acknowledge and fully understands that each participant in any USA Wrestling sanctioned even, 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 persons 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 of negligence of others not withstanding 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 this time.

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

(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 terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to minor)

East County Cyclones Wrestling Club
USA Wrestling
MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ USA Card # _____

Emergency Contact _____ Phone # _____

PLEASE CIRCLE THE APPROPRIATE ANSWER. ALL INFORMATION WILL BE CONFIDENTIAL.

Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If yes, please indicate what medication(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 so, 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 have you 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 un-repaired hernia?

Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If yes, the dates of each _____

Yes No 11. If the answer to #10 is "yes" did the attending physician have you stay over night in a hospital? If yes, give the dates of each _____

Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each injury _____

Yes No 13. Do you wear any 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 competitions?
- Yes No 15. Have you ever 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 your back?
- Yes No 19. Do you experience pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently
With Vigorous Exercise With Heavy Lifting
- Yes No 20. Have you injured your knee during the past 2 years with sever swelling as a result?
- Yes No 21. Have you ever been told that you injured the ligaments and/or cartridge of either knee?
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to #22 is yes, has the surgery been completed? Date completed_____
- Yes No 24. Have you 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, please explain:

- Yes No 26. Do you have any chronic conditions that have not been mentioned above? If yes, please Explain: _____

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature_____ Date_____

Parent/Guardian Signature_____ Date _____