

POOLESVILLE ATHLETIC ASSOCIATION  
REGISTRATION, WAIVER, AND  
CONSENT FOR MEDICAL TREATMENT

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE ON 1/1/2010 \_\_\_\_\_ WEIGHT \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ E-MAIL \_\_\_\_\_

YEARS EXPERIENCE \_\_\_\_\_ CLUB AFFILIATION (OTHER THAN PAA) \_\_\_\_\_

PARENT(S) NAME(S) \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Emergency contact if parents cannot be reached \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Please note all important additional medical information: \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_ Asthma \_\_\_\_\_ Yes \_\_\_\_\_ No

AS PARENT OR LEGAL GUARDIAN OF \_\_\_\_\_, I HEREBY GRANT PERMISSION FOR HIM/HER TO PARTICIPATE IN THE POOLESVILLE ATHLETIC ASSOCIATION WRESTLING PROGRAM. I UNDERSTAND THAT WRESTLING, LIKE ALL ATHLETICS, IS AN INHERENTLY DANGEROUS ACTIVITY AND THAT ACCIDENTS MAY OCCUR. IN CASE OF INJURY, I CONSENT TO EMERGENCY MEDICAL TREATMENT APPROVED BY THE COACH OR OTHER ADULT ESCORT. I HAVE LISTED ALL ALLERGIES, SPECIAL MEDICATION NEEDS OR PHYSICAL OR MEDICAL PROBLEMS/CONCERNS. BY SIGNING THIS FORM, I ACCEPT ALL FINANCIAL AND MEDICAL RESPONSIBILITIES FOR MY CHILD.

THE UNDERSIGNED (PERSONALLY AND ON BEHALF OF THE PARTICIPANT) COVENANTS NOT TO SUE, AND RELEASES, WAIVES, DISCHARGES THE PAA, ITS COACHES, VOLUNTEERS, OTHER PARTICIPANTS, OFFICIALS, THE DAMASCUS SPORTS ASSOCIATION OR OTHER SACNTIONING ENTITY OF ANY TOURNAMENT OR MATCH, FROM ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS FOR THE SAME ON ACCOUNT OF ANY INJURY, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF ANY SUCH PERSON. I FURTHER RELEASE SUCH PERSONS FROM ANY CLAIM WHATSOEVER ON ACCOUNT OF EMERGENCY FIRST AID, TREATMENT OR SERVICE RENDERED DURING PARTICIPATION IN WRESTLING.

**PARENT/GUARDIAN WILL ATTEND MANDATORY MEETING ON NOVEMBER 17, 2009.**

Parent/Guardian Signature \_\_\_\_\_