

SEATTLE WRESTLING CLUB REGISTRATION FORMS

PLEASE PRINT

Wrestler's Name _____

Date of Birth _____ Weight _____ Grade in School _____

Parent/Guardian Name _____

Relationship to Wrestler _____ Wrestler's USA Wrestling Card No. _____

Address _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Email Address _____

Secondary Email Address _____

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

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

Name _____

Phone No. _____

Insurance Company Policy No. _____

Family Doctor _____

Phone No. _____

Is your child presently on medication? _____

If yes, please list medication (s): _____

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT (Continued)

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

1. If my child needs medical attention, it is my wish that I am 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 is 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 _____

MEDICAL HISTORY QUESTIONNAIRE

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s).

Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, 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?

MEDICAL HISTORY QUESTIONNAIRE (Continued)

Yes No 6. Do you have or have you ever had high blood pressure? If so, 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 so, 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 so, 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 "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each . _____

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. _____

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 such 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 competition?

Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened. _____

MEDICAL HISTORY QUESTIONNAIRE (Continued)

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 so, give the date of the injury.

Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, 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 severe swelling as a result?

Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage 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 No. 22 is yes, has the surgery been completed? Date

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, explain.

Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain.

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

Wrestler's Signature (Wrestler 18 or older) _____

Date _____

Parent/ Guardian Signature (Wrestler under 18)

Date _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the foregoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE (If 18 or older): _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT (Continued)

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

LYSTEDT LAW COMPLIANCE FORM

A 2009 act requiring the adoption of policies for the management of concussion and head injury in youth sports; amending the Revised Code of Washington 4.24.660 and adding a new section to RCW chapter 28A.600 states, in part, the following:

Each school district's board of directors shall work in concert with the Washington Interscholastic Activities Association (WIAA) to develop the guidelines and other pertinent information and forms to inform and educate coaches, youth athletes, and their parent(s)/guardian(s) of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition.

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years: "A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time." "[He or she]...may not return to play until the athlete is evaluated by a licensed health-care provider trained in the evaluation and management of concussion and has received written clearance to return to play from that health care provider." You should also inform your child's coach if you think that your child may have a concussion. It is better to miss one game than miss the whole season. And when in doubt, the athlete sits out. Additional current information regarding concussion management is available from the Centers for Disease Control and Prevention (CDC) at: <http://www.cdc.gov/ConcussionInYouthSports/>.

Wrestler's Signature _____

(18 or older)

Date _____

Parent/ Guardian Signature _____

(Wrestler under 18)

Date _____