

# GOMEZ WRESTLING ACADEMY

WRESTLERS FULL NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ WEIGHT \_\_\_\_\_

YEARS OF WRESTLING EXPERIENCE \_\_\_\_\_ TYPE :FREESTYLE \_\_\_\_\_ GRECO \_\_\_\_\_

FOLKSTYLE \_\_\_\_\_ CLUB/SCHOOL : \_\_\_\_\_

DO YOU PLAY ANY OTHER SPORTS? PLEASE LIST: \_\_\_\_\_

LIVE WITH: BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

HOME PHONE( ) \_\_\_\_\_ MOTHER'S WORK( ) \_\_\_\_\_

FATHER'S WORK( ) \_\_\_\_\_ MOTHER'S CELL( ) \_\_\_\_\_

FATHER'S CELL( ) \_\_\_\_\_ CAN WE CALL YOU AT WORK? \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**NOTE: ALL IMPORTANT UPDATES ARE SENT OUT VIA E-MAIL. PLEASE LET US KNOW IF YOUR EMAIL ADDRESS CHANGES. PLEASE MAKE SURE TO CHECK EMAIL DAILY.**

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP TO WRESTLER \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_ ID # \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? PLEASE LIST: \_\_\_\_\_

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DOES YOUR CHILD HAVE ANY ALLERGIES TO MEDICATION OR ENVIRONMENTAL ALLERGIES? PLEASE LIST: \_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATIONS? PLEASE LIST \_\_\_\_\_

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DATE OF YOUR CHILDS LAST PHYSICAL EXAM: \_\_\_\_\_

PLEASE LIST ANY INJURY YOUR CHILD HAS HAD INCLUDING FRACTURES, CONCUSSION, JOINT AND BACK INJURIES: \_\_\_\_\_

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HAS YOUR CHILD RECOVERED FROM THE INJURY AND BEEN RELEASED TO WRESTLE BY HIS PHYSICIAN? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDIION NOT MENTIONED ABOVE? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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***THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.***

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**MEDICAL/SURGICAL RELEASE**

**IN THE EVENT MY CHILD/WARD REQUIRES MEDICAL TREATMENT , IT IS MY WISH THAT TREATMENT BE STARRTED 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 THAT TREATMENT.**

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**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

**WAIVER AND RELEASE  
HOLD HARMLESS AGREEMENT  
GOMEZ WRESTLING ACADEMY**

PLEASE READ THIS FORM CAEFULLY AND BE AWARE THAT IN REGISTERING YOUR CHILD/WARD FOR PARTICIPATION IN PROGRAMS OFFERED BY GOMEZ WREWSTLING ACADEMY THAT YOU WILL BE WAIVING AND RELAEASING ALL CLAIMS FOR INJURIES YOUR CHILD/WARD MAY SUSTAIN IN PARTICIPATING IN INSTRUCTION AND COMPETITION THRU GOMEZ WRESTLING ACADEMY.

I RECOGNISE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN WRETLING AND I AGREE TO ASSUME THE FULL RISK OF ANY SUCB INJURIES, DAMAGES OR LOSS, REGARDLESS OF SEVERITY THAT MY CHILD/WARD MAY SUSTAIN AS A RESULT OF PARTICIPATING IN ANY ACTIVITIES ASSOCIATED OR CONNECTED WITH GOMEZ WRESTLING ACADEMY. I WAIVE OR RELINQUISH ALL CLAIMS I OR MY CHILD/WARD MAY HAVE AGAINST GOMEZ WRESTLING ACADEMY, IT'S COACHES, OFFICES EMPLOYEES OR VOLUNTEERS, AS A RESULT OF PARTICIPATING IN ANY OF ITS PROGRAMS OR ACTIVITIES. I HEARBY FULLY RELEASE AND DISCHARGE GOMEZ WRESTLING ACADEMY AND ITS OFFICERS, COACHES AND VOLUNTEERS FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, DAMAGES AND LOSSES SUSTAINED BY MY CHILD/WARD AND ARISING FROM, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH THE ACTIVITIES OF GOMEZ WRESTLING ACADEMY.

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SIGNATURE OF PARENT/GUARDIAN

DATE

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