



# Babylon Kid Wrestling Application 2019

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Would you like to receive reminders of practices / tournaments via email or text message?

Text message [  ]    Email [  ]    Both [  ]    \*please note, standard text msg rates apply,

Cell phone carrier \_\_\_\_\_ (this is needed for the system to send you texts)

Age/Birth Date: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Wrestling Experience: \_\_\_\_\_

Tee-shirt size: \_\_\_\_\_                      Short size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-Mail Address (Print Clearly): \_\_\_\_\_

Emergency Contact (Other than parent): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## Wrestler's Medical History

Any injuries during the last year that required medical attention? Y or N. If yes, please explain.

Any fractures or surgeries in the last year? Y or N. If yes, please explain

History of Asthma? Y or N. If yes, is an inhaler used?

Any skin condition(s) that is infectious? If so, wrestler cannot participate in practice until he/she receives medical clearance.

Glasses or contacts? Y or N

Are there any other physical or behavioral conditions we should know about? (Please describe.)

I (the undersigned parent or guardian) understand that my child(ren)'s participation in the Babylon Kid Wrestling Program, including his/her training for and competing in any matches, tournaments or other events, whether sponsored by Babylon Kid Wrestling or others is at his/her own risk and free will. In doing so and in consideration of his/her being accepted into the program, I agree to assume all risk of damage of injury to him/her in connection with such activities or arising out of his/her traveling to or from any such match, tournaments or other events. I agree not to hold Babylon Kid Wrestling, or any other officials, referees or coaches involved or associated with Babylon Kid Wrestling liable for, and hereby release them from all liability for any and all damages or injuries that my child(ren) may receive directly or indirectly in the course of his/her participation in Babylon Kid Wrestling.

In the event of an injury, I give the coach or club representative permission to treat and/or obtain the proper medical treatment for my child while efforts are being made to contact me.

I acknowledge having read and understand this form and hereby grant permission for my child(ren) to participate in Babylon Kid Wrestling. I also certify that the above information is true and correct as of today's date.

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

\_\_\_\_\_  
Date

Parents, please circle an activity that you are willing to help with:

Mat assistant  
Publicity

Communications (phone calls)  
End-of-the-year Program

Tournament

PAID: Cash \_\_\_\_\_

Check # \_\_\_\_\_