



# 2017-18 Sunkist Kids Wrestling Academy Registration and Medical Authorization Form

**(AUGUST 14, 2017 – MAY 24, 2018)**

The following information is furnished so that my child may receive proper care (multiple children can go on the same form):

Athlete(s) Name(s): \_\_\_\_\_ & \_\_\_\_\_ USAW Card # \_\_\_\_\_ & \_\_\_\_\_

Athlete's Birthdate: \_\_\_\_\_ & \_\_\_\_\_ Athlete's Weight: \_\_\_\_\_ & \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Email \_\_\_\_\_

Primary Tel # \_\_\_\_\_ Second Tel # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My Athlete is Registering for:

\_\_\_ \$20 One Day \_\_\_ \$60/5 classes (Any skill level) \_\_\_ \$70/month Beginner \_\_\_ \$90/month Int/Adv \_\_\_ \$110/month Academy Elite OR \_\_\_ \$140/month

\*\$20 discount for Academy Elite only - Add (\$30 SK Fit)

Please list: Medical Issues/Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Paid By: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash Total Amount Paid \$ \_\_\_\_\_

Credit Card Information: # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and telephone number of responsible party if parent cannot be reached: \_\_\_\_\_

Sunkist Kids Wrestling Academy shall require all participants of the Academy to be covered by an accident insurance plan. It is understood that the information, consent and authorization hereby given and granted are continuing and intended by me to extend to June 1, 2018.

Yes, My Child \_\_\_\_\_ (child's name) Is fully covered by our own insurance company.

Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

In consideration of being allowed to participate in any way in the Sunkist Kids Wrestling Academy and related events and activities, the undersigned:

- A. Agree that before participating, they each will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
- B. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, and severe social and economic losses which might result, not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or condition, of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
- C. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Further, assume all liability for the negligence if participant leaves the facility without parent or camp director consent and the result ends in injury, illness or death.
- D. Release, waive, discharge and covenant not to sue Sunkist Kids Wrestling Club, Arizona State University, it's affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of the premises used to conduct this event, all of which are hereinafter released from any and all liability to the undersigned, his or her next of kin, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releasee or otherwise.

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Signature (Parent or Guardian if under18) \_\_\_\_\_

Date \_\_\_\_\_