

2007-2008 Danbury Youth Wrestling Association Travel Team Parent/Guardian Consent Form

Wrestler's Name _____ Date of Birth _____ USA Card# _____

Mother's Name (First) _____ Father's Name (First) _____

Parent's/Guardian's Last Name (if different) _____

Address _____ Home Phone _____

Town _____ Cell (if any) _____

Grade _____ Approx Weight _____

Danbury In-House Team(circle one) King St Mill Ridge Park Ave

Medical Insurance Co. _____ Policy # _____

Family Doctor _____ Phone # _____

Allergies (general) _____ Medications _____

Medical Problems _____ Recent Injuries _____

Medications Presently Taking _____

I hereby give my consent for _____ to participate in the 2007-2008 Danbury Youth Wrestling Association Travel Team season, including but not limited to, traveling with coaches and participation in practice sessions, matches and tournaments.

VOLUNTARY FORM

It is extremely difficult to obtain medical services for an injured athlete without obtaining prior written parental/guardian consent. Please review and sign the statement below so that proper medical treatment can be obtained for your child in your absence. This consent is to cover emergencies only when it is impossible to contact a parent/guardian.

I hereby authorize the Danbury Youth Wrestling Association Travel Team coaches in charge of my child named above to obtain all necessary medical care for my child and I hereby authorize any licensed physician and/or medical personal to render any and all necessary medical treatment to my child.

Signed _____ Date _____.