

**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 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell (if any) \_\_\_\_\_

Grade \_\_\_\_\_ Approx Weight \_\_\_\_\_ Years of Experience \_\_\_\_\_

Danbury In-House Team(circle one)      King St                      Mill Ridge                      Stadley Rough

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 Danbury Youth Wrestling Association Travel Team season, including but not limited to, traveling with coaches and participation in practice sessions, matches and tournaments.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_