

**PLEASE PRINT  
INFORMED CONSENT FORM**

I hereby give my permission for \_\_\_\_\_ to participate in the Plymouth Area Wrestling Club (P.A.W.) during the 2010 season. Further, I authorize the coaches to provide emergency treatment of any injury to or illness of my child if qualified medical personnel consider treatment necessary AND perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

ADDRESS \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Email address \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

Pre-existing medical conditions (e.g. allergies or chronic illnesses) list

here \_\_\_\_\_

Other(s) to contact in case of emergency – Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to wrestler \_\_\_\_\_

My child and I are aware that participating in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

**PARENTS NAME PRINTED** \_\_\_\_\_

**PARENTS SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**T-Shirt Size for your wrestler** \_\_\_\_\_

Visit **PLYMOUTHWRESTLING.COM** for more information.