

# DEL VAL YOUTH WRESTLING

## Off-Season Wrestling Waiver Form

Wrestler Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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

I hereby give my child permission to participate in Del Val Off-Season youth wrestling workouts. I am aware that injuries may occur due to this activity and that I will not hold any parties connected with this activity responsible.

For Wrestling workouts or any Wrestling activities sponsored by the Del Val Wrestling Foundation, the Del Val Terrier Wrestling Club, the Del Val Rams Wrestling Club, or the Wildcat Wrestling Club: I waive any right, legal or equitable, to claim damages for any loss to person or property occasioned by participation in such program, and further agree not to hold the Del Val high school and youth coaches, Del Val Rams Wrestling Club, Del Val Wildcat Wrestling Club, Del Val Wrestling Foundation, the Del Val Terrier Wrestling Club, and other Del Val based organizations, Delaware Valley High School, which includes their administration and BOE, officers, agents, servants, employees, or sponsors liable in any way, measure, or form for the payments of such damages, and does hereby waive the said persons from liability on account of any injury to person or property.

DISCLAIMER: Please note that the Del Val Wildcats Wrestling Club, the Del Val Rams Wrestling Club, the Del Val Wrestling Foundation, and the Del Val Terrier Wrestling Club are not affiliated or endorsed by any elementary or high school. They are independent non-profit organizations.

**In case of emergency, I hereby authorize the listed Physician and/or their covering physicians or, in the event these persons cannot be reached, the emergency physician on duty at the hospital to provide emergency treatment to our child.**

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Parent/Guardian Phone

\_\_\_\_\_  
Parent/Guardian Email

**Insurance Information:** Delaware Valley Wrestling Foundation, The Terrier Wrestling Club, The Del Val Rams Wrestling Club, and The Del Val Wildcats Wrestling club do not provide medical insurance for athletes. In the event of illness or injury requiring treatment, hospitalization, family medical insurance must be used.

### **MEDICAL INFORMATION (PLEASE PRINT)**

Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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