



nWo Wrestling Club Gym: 105 E SI Johnson Ave., Sheridan, IL 60551

nWo Wrestling Club - Membership Form

Weight: _____ **PROGRAM:** Pre-Season / In-Season / Clinic / Camp / 1 on 1 **Photo Release:** Yes / No

Payment: \$320 / \$640 / \$50 / \$160 / Other: _____ ***Submit copy of USA card with this form.**

Participant: _____ **Yrs.Experience:** _____ **USA Card:** _____

School/Club: _____ **Birth:** _____ **Age:** _____ **Grade:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Phone:** _____ **Email:** _____

LOGO USAGE: In order to keep the eminence of the logo, do not shade, recolor, rotate, redraw, or distort the logo in any way. Do not place the logo within text or headlines of articles. No one may order or create merchandise with the club's logo. Anything with the club's logo must be purchased through the organization. Exceptions must be requested and permission must be granted in writing from the club's president.

Medical Consent and Release of Liability Waiver

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her initials.

Initial One Below:

_____ **If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.**

_____ **If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment. PARTICIPANT understands and appreciates the risks of serious injury that may occur in the sport of wrestling or in the course of preparing for, participating in and traveling to or from the EVENT, and that such activities may involve risks, including PERSONAL INJURY. PARTICIPANT knowingly and voluntarily assumes all such risks of LOSS and all legal and financial responsibility therefore.**

PARTICIPANT releases, waives any claims and promises not to sue **nWo Wrestling Club**, and/or it's Staff, Coaches, Volunteers, Affiliates, nWo Wrestling Club Gym, 105 E SI Johnson Ave., Sheridan IL. 60551 with respect to any LOSS incurred during or in connection with his/her participation in the EVENT, any activities associated with the EVENT and the conduct and management of the EVENT (including as may result from the negligence of the **nWo Wrestling Club**), except any LOSS which is the result of gross negligence and/or willful or wanton misconduct by the **nWo Wrestling Club**. PARTICIPANT further agrees to hold harmless and indemnify nWo Wrestling Club, and/or it's Staff, Coaches, volunteers, affiliates, nWo Wrestling Club Gym, 105 E SI Johnson Ave., Sheridan IL. 60551 from any claims brought against **nWo Wrestling Club**, and/or it's Staff, Coaches, volunteers, affiliates, nWo Wrestling Club Gym, 105 E SI Johnson Ave., Sheridan IL. 60551 resulting from, arising out of or in any way associated with any LOSS.

PARTICIPANT and PARENT ACKNOWLEDGES THAT THEY HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

Participant _____ **Signature:** _____ **Date:** _____

Parent: _____ **Signature:** _____ **Date:** _____