

# Cardinal Wrestling Club / USA Wrestling - Registration Form

Date: \_\_\_/\_\_\_/\_\_\_ USAW#: \_\_\_\_\_ Wrestler's Name: \_\_\_\_\_  
 Member  Non-member  Paid - Amt: \_\_\_\_\_  Ck#: \_\_\_\_\_  Cash  
 Gear Rec'd \_\_\_\_\_  USAW Card Rec'd \_\_\_\_\_

Membership is \$70/year and includes: USA Wrestling Card, Club shirt & shorts and access to reduced clinic pricing of \$10 per clinic or \$100 for 12 clinics or \$190 for 24 clinics. Non-members MUST have a USA Wrestling (We can get that for you.) and pay \$20 per session. Due to NCAA rules, high-school boys ("recruits") who live outside a 50-mile radius from Stanford are not eligible to be "Members" unless it can be shown that this is the "closest" training center available.

DOB: \_\_\_/\_\_\_/\_\_\_ Size: T \_\_\_ Short: \_\_\_  
School: \_\_\_\_\_ Weight: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_  
Alt Email: \_\_\_\_\_

## Insurance / Medical Info:

Ins. Co. - Policy No.: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_  
Dr Phone #(s): \_\_\_\_\_  
Are you on medication? \_\_\_\_\_

If yes, please list medication (s):

Drug Sensitivities:

Allergies:

## Emergency Contact:

Name(s): \_\_\_\_\_  
Phone #(s): \_\_\_\_\_

Notes:

## PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT:

**Read carefully and sign only one!**

1. If my child needs medical attention, it is my wish that I am contracted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment. Please indicate any exceptions:

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)

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Wrestler's Name: \_\_\_\_\_

## Waiver and Release from Liability:

1. I, \_\_\_\_\_, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN Wrestling ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
2. Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

The undersigned, \_\_\_\_\_, does hereby represent that he/she is, in fact, the parent or legal guardian of \_\_\_\_\_ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship to minor)

**Advanced Training Wrestling Club**  
**Cardinal Wrestling Club**  
PO Box 838  
Palo Alto, CA 94302-0838  
[www.cardinalwrestlingclub.com](http://www.cardinalwrestlingclub.com)  
(866) 768-6860