

Hoover Wrestling Club
Consent for treatment and financial release

I hereby authorize the volunteer leaders of the Hoover Wrestling Club or such representatives of the Hoover Wrestling Club, as my agent, to consent to such medical or dental examination and treatment and emergency transportation as may be necessary as a result of illness or injury to:

_____ which might occur while he/she
Child's Name

is participating in any wrestling function or activity. I further agree to assume responsibility for all expenses incurred as a result of such treatment and shall indemnify the volunteer leaders of the Hoover Wrestling Club for any expense they might incur as a result of such illness or injury.

Parent of Guardian's signature Date

Parent or guardian's street address AYWA witness signature

City, state and zip

Emergency contact name and number

Emergency contact name and number

Emergency contact name and number