

Milton Monster Wrestling Club www.miltonmonsters.com
2018-19 Registration & Emergency Treatment Consent

Birthdate____/____/____
Weight_____

Milton Monster Youth Wrestling Club, Inc. is a non-profit organization. The sponsor and registration will be used to purchase equipment, insurance, and incidental costs such as t-shirts, medals, and the support of wrestling.

Print Wrestler's Name:_____ M/F Grade: _____ School:_____

I consent to being on the Milton Monster contact list: Yes / No. I understand the Milton Monster singlet is for tournament use only. I will pay \$75 replacement fee if singlet is not returned _____(parent initials),

Father: _____ Phone: _____ Cell: _____

Street Address:_____ City: _____ Zip:_____

Mother: _____ Phone: _____ Cell: _____

Street Address:_____ City: _____ Zip:_____

Email Address – Father:_____

Email Address – Mother:_____

Emergency Phone# _____ Name of contact _____

In case of emergency, you are hereby given my/our permission to treat _____(Childs Name) and perform any necessary medical/surgical treatment measures including the administration of anesthesia. I/we authorize Milton Monster coaches/board members to sign for treatment deemed necessary for my child. I/we hereby release from medical responsibility and from liability the hospital, medical authorities, and physicians from performing procedures which are deemed necessary for the above named child when acting pursuant to authority granted by this form. Said release does not extend to negligent acts while performing procedures.

Child's physician: _____ Phone# _____

Current medication(s)/dose: _____ Date of last Tetanus: _____

Medical Allergies: _____ Food Allergies: _____

State any known medical condition(s) or surgeries that could affect the wrestler's ability to participate:

HEALTH INSURANCE INFORMATION FOR PRIMARY INSURER This consent is valid 11/1/18 – 8/31/19

Name of Insurance Company

Group Number

Identification Number

Parent

Date

Wrestlers T-Shirt Size --- Order will be filled based on the item **CIRCLED BELOW**
(One Shirt per WRESTLER)

Youth Sizes

Adult Sizes

Small Medium Large

Small Medium Large X Large XX Large

Milton Monsters Liability Release 2018-2019

I, (Parent's name), in consideration of permitting my child _____ to participate in the activities of the Milton Monsters Youth Wrestling Club or Monsters Accelerated, hereby release, waive, discharge and covenant not to sue any person or entity associated with the Milton Monsters Youth Wrestling Club or Monsters Accelerated, including but not limited to Board of Directors, Coaches, sanctioning organizations, Milton School District, helpers, promoters, sponsors, advertisers, owners and/or lessees of premises used to conduct events in which Milton Monsters Youth Wrestling Club or Monsters Accelerated participates, etc. from all liability to the undersigned or the undersigns' children, their personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demand therefore on account of injury to the person or property or resulting in death to the undersigns child(ren) arising out of or related to any activity participated in by members of the Milton Monsters Youth Wrestling or Monsters Accelerated, whether caused by negligence of the releases or otherwise.

The undersigned as well as the undersigns child hereby assume full responsibility for any risk of bodily injury, death, or property damage arising out of any activity of the Milton Monsters Youth Wrestling Club or Monsters Accelerated whether caused by the negligence of the releases or otherwise. I, as well as my child(ren) hereby acknowledge that the activities of the Milton Monsters Youth Wrestling Club or Monsters Accelerated are inherently dangerous and involve the risk of serious injury and/or death.

I and my child(ren) hereby agree that this release and waiver of liability, assumption of risk, and indemnity agreement extends to all acts of negligence by the releases and is intended to be as broad and inclusive as is permitted by the laws of the State in which activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this release and waiver of liability assumption of risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it and signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

Parent/Guardian (Date)

Wrestler Signature **(Date)**

Valid USA Card Number 2018-2019