

SD71 Wrestling Information and Consent Form

Scan the QR code to fill athlete information directly to the google form



Student:	Parent/Guardian	Parent/Guardian
Name: First/Last	Name: First/Last	Name: First/Last
School:	THIS INFO CAN BE INPUT ON	
Birthdate:	Cell:	Cell:
Cell:	Alternate phone:	Alternate Phone:
Email:	Email:	Email:
Medical #:	Primary Doctor:	

CONSENT FOR PROGRAM PARTICIPATION

I, _____ give permission for my son/daughter _____ to participate in the SD71 – After School Wrestling Program. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity. To the best of my knowledge my son/daughter does not have any medical conditions that would prevent her/him from participating in any activities. I give permission for my son/daughter to be transported to and from activities off school grounds.

Signature of Parent/Guardian: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

It is part of our safety procedure that we notify a parent when a child is ill or needs medical attention. When we cannot contact parents and we need to get immediate help for the child, our procedure is to contact emergency services and/or take the child to the nearest emergency service possible. Please sign the consent below so that we are able to get immediate help for your child when needed. This consent will be brought with us to the emergency center. Should my child _____ require emergency medical treatment and I cannot be reached, I hereby give consent for her/him to receive medical treatment by qualified personnel and/or be transported by coaches to the nearest emergency center.

Signature of Parent/Guardian: _____ Date: _____

CONSENT FOR USE OF IMAGE

I give permission for SD71 and the wrestling program to use photographs or similar media of my child for the purposes of publicity and/or publication to help promote the program.

Signature of Parent/Guardian: _____ Date: _____

I also recognize that behavior in a manner totally inappropriate for participation on such a school team may cause _____ to be sent home and/or cut from the team.

Parent/Guardian Signature: _____ Date: _____

Medical and Other Concerns:

WRESTLING