



2015 BEAT THE STREETS WRESTLING : JUNIOR PROGRAM PARENT AUTHORIZATION AND WAIVER

Please Print Legibly

Wrestlers First Name:	Last Name:	Birth Date:	Gender:
School:	Class Year:		
Shirt Size: YS YM YL AS AM AL AXL	Short Size: YS YM YL AS AM AL AXL	Shoe Size:	
Student E-Mail:			
Ethnicity: <input type="checkbox"/> American Indian, <input type="checkbox"/> Asian, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Hispanic/Latin, <input type="checkbox"/> Native Hawaiian/Pacific Islander, <input type="checkbox"/> White, <input type="checkbox"/> Other			
Home Street Address:			Apt. #:
City:		State:	Zip:
Parents Name:		Parent E-mail:	
Cell Phone:		Home Phone:	

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:	Phone 1:	Phone 2:
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Please list any allergies the wrestler has:

Is the wrestler currently on any medication? YES NO

If yes, list:

Has the wrestler been diagnosed with a concussion? YES NO

If yes, when and how severe?

Please list other medical conditions:

I hereby give my consent for the above named wrestler to participate in any Beat The Streets run training sessions, events, or competitions as part of the Beat The Streets 2015 Junior Program Season from September 1st 2015 – August 31st 2016. I recognize the possibility of physical injury associated with wrestling, which may include but is not limited to paralysis, permanent mental disability, and death, and hereby release, discharge, and otherwise indemnify Beat the Streets Wrestling Inc., the employees and associated personnel of the organization, and affiliated organizations against any claim by or on behalf of the wrestler named above as a result of that wrestler's participation in Beat the Streets programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to have an athletic trainer, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the wrestler with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the wrestler to a medical treatment facility should an individual listed above consider it to be warranted.

I hereby authorize the use of the above named wrestler's name and image in promotional publications for Beat the Streets, including the btsny.org website, facebook, twitter, Instagram, and other internet based media.

By signing below, I acknowledge that I have read, understand, and accept the above contractual agreements.

Wrestler's Signature: _____ Date _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date _____

Relation to Wrestler: Father Mother Guardian