



Medical Information & Waiver Forms

This packet contains medical information forms and a sample waiver and release from liability form. It is mandatory by your club and/or league. In today's climate of insurance claims and liability action, the use of these forms is mandatory.

Parent's Medical Instructions This form can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment.

Medical History Questionnaire If you are traveling and one of your athletes needs medical attention, this information can be of great value to an attending physician. The parent's Medical Instruction and the Medical History Questionnaire for each athlete should be kept in a sealed envelope with his name on the outside in or with the club's medical kits. It is recommended that the kit also should have a list of emergency phone numbers for each club member, along with the standard 911, police, ambulance, fire, etc., phone numbers.

Participant's Waiver and Release From Liability Form This form provides the club administration a copy of a standard participant's waiver and release from liability form. It is mandatory that club administrators have this form signed in addition to the form attached to the membership card. Failure to obtain a waiver and release on members will result in a loss of insurance coverage. Please keep medical forms for no less than 18 months. You must keep all Waiver and Release forms for 7 years.

USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

First, Last Name of Parent/Guardian: Relationship:

Physical Address: City: NC, Zip Code:

Email Address: School: Grade:

Shirt Size: Short Size:

Phone Numbers:

Home Work Cell

Date of wrestler's last complete physical examination by a medical doctor:

If this is more than one year ago, please complete the accompanying medical history questionnaire
Please read the alternative statements below and sign under the one that you choose. SIGN ONLY ONE.

Alternate emergency contact person: Cell Phone Number:

Check the box if the parent or guardian cannot be immediately contacted, may the program officials call a physician to help the named participant in case of emergency?

Medical insurance co. & policy#:

Please list any allergies:

1. If my child needs medical attention, it is my wish that I am contacted 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.

(Participant's Signature) (Date) (Print Name)

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.

(Participant's Signature) (Date) (Print Name)

Club's Name: _____

Wrestler's Name: _____ USA Card No. _____

Coach's Contact: Phone No. _____

USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: _____ USA Card No. _____

Emergency Contact: Phone No. _____

Check the box if the statement applies to the participant.

Allergic to any general medication (aspirin, sulfa, penicillin, etc.)?

If so, please indicate what medication(s):

Currently prescribed medication on a permanent or semipermanent basis?

If so, please indicate what medication(s) and why:

Ever had an epileptic seizure or been informed that you might have epilepsy?

Ever been treated for diabetes?

If so, please indicate what type(s) of insulin or pills you use:

Doctor ever told you that you were anemic or had sickle cell anemia?

Do you have or have you ever had high blood pressure?

If so, please indicate what type(s) of medication you take:

Do you have or have you ever had any of the following diseases?

Have you ever been informed by a medical doctor that you have asthma?

If so, please indicate what type(s) of medication you take:

Do you have presently have an unrepaired hernia?

Ever been "knocked out" or experienced a concussion during the past 3 years?

Dates of last incident:

If the answer to the previous question is yes, the attending physician have you stay overnight in a hospital?

Check the box if the statement applies to the participant.

Injured your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer?

Dates of each injury:

Wear any dental appliance?

Pick the appropriate appliance:

Wear contact lenses during competition ?

Had a fracture during the past 2 years ?

If so, which bones:

Had a shoulder dislocation, separation or other shoulder injury in the past 2 years?

Dates of injury:

Ever had surgery to correct a shoulder condition?

If yes, what dates was the surgery:

Ever had an injury to your back?

Experience pain in your back?

Frequency:

Have you injured your knee during the past 2 years with severe swelling as a result?

Have you ever been told that you injured the ligaments and/or cartilage of either knee?

Have you ever been advised to have surgery to correct a knee problem?

If the answer to the previous question is yes, has the surgery been completed?

Date of the surgery:

Have you experienced a severe sprain of either ankle during the past 2 year?

Have you had any injury to your foot or toes you have any chronic conditions that have not been mentioned above?

If so, explain:

The questions on this form have been answered completely and truthfully to the best of my knowledge

Signature : _____ Date : _____

Guardian Signature : _____ Date : _____

USA Wrestling 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 AMERICANWRESTLING 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 or legal guardian) _____ (Date)

(Print Name) _____ (Relationship to minor)