



Cesar Chavez Public Charter Schools and Wrestling to Beat the Streets, Washington DC



A PARTNERSHIP BUILDING LEADERS

Registration & Informed Consent and Release Form

I hereby give my permission for _____ (“Participant”) to participate in the Cesar Chavez Public Schools’ (Chavez Schools) wrestling program as supported by Wrestling to Beat the Streets, Washington DC. (WBTS DC). *I authorize representatives of the Chavez Schools, any WBTS DC coaches, or qualified medical personnel to provide emergency treatment of any injury or illness my child may experience if such individuals consider treatment necessary.**

Parent or guardian:			
Address:			
School & Grade:			
Primary Phone:		Other Phone:	
Date of Birth		USAW or NUWAY #:	
Email:			
Emergency Contact:		Phone:	
Relationship:			
Insurance Company:			
Primary Insured Name:			
Policy #:		Group #:	
Primary Care Doctor:		Phone:	
Medical Conditions, Issues or Problems (e.g., injuries, allergies, chronic illness):			

***See important release and waiver terms and conditions on reverse side.**

Release and Waiver of Liability

In consideration of the Participant being allowed to participate in Chavez Schools/WBTS DC sponsored or authorized wrestling practices, meets, tournaments, lectures, media/press coverage for the 2013-2014 season ("Events"): said Participant and his/her parent(s) and/or legal guardian(s), for themselves to the fullest extent lawfully permitted, release, discharge, hold harmless, and covenant not to sue Chavez Schools or WBTS DC or their affiliates, including officers, board members, administrators, coaches, trainers, meet coordinators, referees, sponsors, sponsoring agencies and advertisers, or the owners and lessors of premises in which such Events occur, with respect to any and all claims, damages, losses, costs, or other liabilities arising out of the Participant's injury or death occurring during such Events, or involvement in such Events, whether in the course of training, travel, competition, or other participation in the Chavez Schools/WBTS DC program or activities.

Each of the undersigned acknowledges that the sport of wrestling is a potentially dangerous activity that involves severe physical exertion, intense stress, falls and physical contact with other participants and individuals, such as wrestling competitors outside of Chavez Schools and WBTS DC, which can result in serious injury, skin conditions, and in rare circumstances, death; and agree to assume the risks of such consequences and Events. This Waiver and Release is freely and voluntarily given with full understanding of the inherent risks of participating in the sport of wrestling and the Chavez Schools wrestling program as supported by WBTS DC.

We have read and understand this form and agree to its terms and conditions.

Athlete's Name (Printed):

Parent's or Guardian's Name (Printed):

Athlete's Signature

Parent's or Guardian's Signature

Date:

Date: