

**2011-2012  
Ubasa Wrestling Academy  
Waiver Form  
(Des Moines Site)**

**Name of Wrestler**

First Name \_\_\_\_\_ Last  
Name \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip  
\_\_\_\_\_

Birth Date \_\_\_\_\_ Previous years wrestling \_\_\_\_\_ Grade  
\_\_\_\_\_

**Name of Parent(s)/Guardian**

Mom/Guardian \_\_\_\_\_ Dad/Guardian  
\_\_\_\_\_

Phone # Home \_\_\_\_\_ Work  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address  
\_\_\_\_\_

Each wrestler must have a USA Wrestling Card and Health Insurance before participation is allowed.

**Release Waiver**

I, the undersigned, individually, and the parent/guardian, I hereby release the Ubasa Wrestling Academy, Johnston High School, Volunteers, their agents, employees, representatives, successors of and all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during the club practice/competition. I, \_\_\_\_\_, will wear my headgear at all practice sessions at the Johnston High School Facility.

I certify my child has been cleared by a physician and hereby give permission for any and all activities involved in club practice and competition. I waive any legal action against the club its employees for injuries my child may incur.

I hereby give permission for the staff of the club to seek (during the period of club practice/competition/travel) appropriate medical attention in the event of accident, injury, or illness. I will be responsible for any and all cost of medical attention and treatment.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurers Name \_\_\_\_\_ Policy # \_\_\_\_\_

Doctors Name \_\_\_\_\_

Phone # in case of emergency \_\_\_\_\_ Name \_\_\_\_\_

Relationship to wrestler \_\_\_\_\_