

**NOVA WRESTLING CLUB  
PARENT CONSENT & MEDICAL WAIVER FORM  
SUMMER CAMP 2018**

Parent Consent and Waiver of Responsibility In consideration of NOVA WRESTLING CLUB, acceptance of the camper named above as a student in the camp for July 25-29, the camper by and through his parent or legal guardian hereby acknowledges, understands and agrees to as following: Wrestling is a sport, which involves intense physical contact between two Individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention cannot be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless NOVA WRESTLING CLUB., its board of directors, staff, and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges NOVA WRESTLING CLUB, from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in NOVA WRESTLING CLUB summer camp. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are no impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**Medical Insurance Information**

Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_ ID# \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

**\*\*Please include a copy of the front and back your insurance card\*\***