**K-Vegas Elite Wrestling Club Registration**

*Registration Fee: \_\_\_\_\_\_\_\_\_\_*

*AAU Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Received by: \_\_\_\_\_\_\_\_\_\_*

**2021-2022**

* **All waivers must be signed and registration fee paid to be a valid registration**
* **Membership Fee of $25 (helps cover coaches cards and weekend events)**
* **All participants are required to secure their own AAU card (info will be shared)**

**WRESTLER(S):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **MI** | **Birth Date** | **Age** | **M/F** | **School** | **Grade** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PARENT/GUARDIAN CONTACT INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Last Name** | **First Name** | **Address** | **Phone** | **Email** |
| #1 |  |  |  |  |  |
| #2 |  |  | * Check here if same as above
 |  |  |

**Medical Release / Insurance Information**

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any medical issues, including any requiring maintenance medication (ex. diabetic, asthma, seizures).**

Medical Issue Required treatment Should paramedic be called?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes / No

**Is your child allergic to any type of food, animals or medication?** Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of a medical emergency contact (other than parent/guardians listed above):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Phone #1 | Phone #2 | Relationship to Child |
| Contact #1 |  |  |  |  |
| Contact #2 |  |  |  |  |

*I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that K-Vegas Elite Wrestling Club will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility.* **Parent’s/Guardian’s Initials \_\_\_\_\_\_\_\_**

**Photo Release**

*I hereby give permission for my child to be photographed and videoed during practice, camp, clinics and tournaments. I understand the photos and videos may be used for promotional purposes including flyers, brochures, newspaper and on social media. I do not expect compensation and all photos/videos are the property of K-Vegas Elite Wrestling Club.*

 **Parent’s/Guardian’s Initials \_\_\_\_\_\_\_\_**

**Registration/Dues/Acknowledgement**

*K-Vegas Elite Wrestling Club is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Tournament and clinic fees (travel, entry, etc.) are in addition to club fees. Dues may change at the discretion of the club and members are responsible for managing payments. I have read and understand all the information contained in this document regarding dues and payment terms. I understand that my wrestler's participation in practices, clinic and or tournaments is dependent upon terms being met by registration and tuition and will communicate immediately if I am unable to meet any or all of these requirements. Any exceptions to the policies outlined here or in our handbook will be solely the discretion of K-Vegas Elite Wrestling Club.*

**Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_**

**PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND IMAGE LICENSE**

*IN CONSIDERATION of my minor child (the “Minor”) being permitted to participate in the sport of wrestling (the “Sport”) with K-Vegas Elite Wrestling Club, a North Carolina non‐profit corporation (“K-Vegas Elite Wrestling Club”) and/or entering any portion of the wrestling facilities of K-Vegas Elite (the “Facilities”), I represent and warrant and agree, for myself and on behalf of the Minor, the following:*

1. *I know the nature of the Sport and the Minor’s experience and capabilities, and believe the Minor to be qualified to participate in the Sport. I have inspected the Facilities, and have had the opportunity to question management of K-Vegas Elite about the Facilities. I have instructed the Minor that if he or she ever observes or suspects any condition or conduct that s/he believes to be unsafe, inappropriate or potentially harmful to the Minor or to others, s/he is to immediately leave the facility and refuse to participate further in wrestling activities. I will immediately report to K-Vegas Elite management any such condition or conduct known to or suspected by me.*
2. *I am aware that the Sport requires both physical and mental stamina and strength. I believe, and I represent to K-Vegas Elite that the Minor is physically and mentally fit to participate in the Sport. I understand and I have instructed the Minor that:*

*(a) the Sport is dangerous and participation in the Sport and/or entry into the Facilities involves RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (collectively, the “Risks”);*

*(b) the Risks may arise out of the nature of the Sport itself, or out of the Minor’s own actions or inactions, the actions or inactions of others, the condition and layout of the Facilities and equipment, or the negligence of the Releasees;*

*(c) there may be other risks not known to me or that are not readily foreseeable at this time;*

*(d) the social and economic losses and/or damages that could result from those Risk(s) could be severe and could permanently change the minor’s future.*

1. *I consent to the Minor’s participation in the Sport with K-Vegas Elite, including, without limitation, any participation in or travel to tournaments, dual meets or other facilities with or on behalf of K-Vegas Elite, and/or entry into the Facilities or the facilities of other wrestling organizations, and I HEREBY knowingly and voluntarily ACCEPT AND ASSUME ALL RISKS THEREOF, KNOWN or UNKNOWN, and assume all responsibility for any loss, cost, damage or injury that may result from or arise out Minor’s participation in the Sport with K-Vegas Elite, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF one or more of the RELEASEES.*
2. *For myself and on behalf of the Minor, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY CLAIMS, DEMANDS, LIABILITIES, ACTIONS OR CAUSES OF ACTION OF ANY KIND WHATSOEVER AGAINST K-Vegas Elite, its directors, officers, employees, volunteers, agents, attorneys or invitees (collectively, the “Releasees”) arising out of or in any way related to Minor’s participation in the Sport or in K-Vegas Elite’s programs or the use of the Facilities, INCLUDING BUT NOT LIMITED TO CLAIMS FOR DAMAGE TO PROPERTY, PERSONAL INJURY OR DEATH, REGARDLESS OF WHETHER CAUSED OR CONTRIBUTED TO BY THE ACTS, OMISSIONS OR NEGLIGENCE OF MINOR, OF THIRD PARTIES, OF THE RELEASEES OR OTHERWISE.*
3. *I also AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE RELEASEES from and against any claims, demands, actions, causes of action, loss or expense, including without limitation their reasonable attorney fees, arising out of or in any way related to Minor’s participation in the Sport or in K-Vegas Elite’s programs or the use of the Facilities, INCLUDING BUT NOT LIMITED TO CLAIMS FOR DAMAGE TO PROPERTY, PERSONAL INJURY OR DEATH, REGARDLESS OF WHETHER CAUSED OR CONTRIBUTED TO BY THE ACTS, OMISSIONS OR NEGLIGENCE OF MINOR, OF THIRD PARTIES OR OF THE RELEASEES, whether such claims or demands be asserted by me, by Minor, by others on Minor’s behalf, by third parties or otherwise.*
4. *I HAVE READ AND UNDERSTAND THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR MAY OTHERWISE HAVE AGAINST RELEASEES TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE MINOR’S PARTICIPATION IN THE SPORT OR USE OF THE FACILITIES, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT, ON MY OWN BEHALF AND ON BEHALF OF MINOR.*
5. *I consent to securing an AAU membership card to cover insurance and for liability purposes.*

**PARENT/GUARDIAN (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**