

**2006 USA Wrestling University & FILA Cadet
National Championships Entry Form**

(Please Print Clearly)

MEDICAL CONSENT

**Parent or Guardian of minor must
read and complete the following:**

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

Check one:

_____ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

_____ If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions — List any medical procedures that you do not want performed unless specific approval is received:

PARTICIPANT ACKNOWLEDGES THAT PARTICIPANT HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

Print Name of Participant _____

Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____

Name of Primary Insurance Company _____

Policy # _____

Address _____

Family Doctor _____

Phone _____

Presently on any medication? _____

If yes, please list medication(s) _____

Drug Sensitivities or Allergies _____

Special Medical Conditions _____

**Please indicate another person
to call in case of emergency**

Name _____

Phone _____

Name _____

USAW Card # _____

Address _____

City _____

State _____ Zip _____

Phone _____ Birth Date _____

E-mail _____

Grade _____ Weight Class _____

School/Club _____

Please check the style under the age-group you plan on participating in. Make sure to read the event flyer for the age-groups that are competing.

FILA CADET GR FS
(Born 1991—1993)

UNIVERSITY: GR FS WF
(Born 1984—1990 & athlete must have graduated from high school)

GR=Greco-Roman FS=Freestyle WM=Women's Freestyle

