

Weight: _____

Tennessee Valley Wrestling

2023-2024 AAU Wrestling Season

****Please write legibly****

Team Name: Tennessee Valley Wrestling Youth/MS Location: Bob Jones High School (Wrestling building)

Wrestler's Name: _____

Address: _____ City _____ ST _____ Zip _____

DOB: _____ Grade: _____ AAU Athlete Card # _____ Years Wrestled: _____

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____ Address: _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Email _____ Email _____

H () _____ - _____ H () _____ - _____

C () _____ - _____ C () _____ - _____

Middle School make check payable to Bob Jones Wrestling/ Youth make check payable to TVW

I/ We the parents of the wrestler listed above hereby acknowledge:

___that I give my parental permission for the above-named child to participate in the sport of YOUTH WRESTLING and all related activities unless specifically noted in writing to the director of the team named above 3 days prior to said event,

___ I hereby grant permission to Tennessee Valley Wrestling to use my photograph/video on its wrestling website or in other official Tennessee Valley Wrestling publication(s) without further consideration,

___that I **DO / DO NOT** (circle one) have a primary health insurance policy and coverage for the above-named child,

___that any insurance benefits provided by membership in AAU Wrestling are excess coverage beyond any insurance carried on said child,

___that to the best of my knowledge the child named above has no pre-existing injuries or illnesses that would prevent him/her from safe participation in the sport of YOUTH WRESTLING,

___that I agree to hold any and all officials, coaches, AAU Wrestling personnel, personnel of the team named above, personnel of any tournament & practice facility harmless and free from all liability, responsibility and or damages which may occur during the above named child's participation in the sport of YOUTH WRESTLING, including personal injury, bodily injury and property damage which may occur at any tournament, practice or related activity,

___that risk of injury, possibly serious, is inherent to the sport of YOUTH WRESTLING,

___that in the absence of a parent or guardian permission is granted to coaches and directors of the team named above to consent to emergency medical treatment by a medical professional if the need arises,

___that I have received the WRESTLER CODE OF CONDUCT and agree to adhere to it and hold my wrestler accountable to it as well,

___that I have received the PARENT CODE OF CONDUCT and agree to adhere to it and hold other family members accountable to it as well (e.g., grandparents, brothers, sisters),

___that the **\$200.00** per wrestler registration fee (**\$300.00 max per family**) is non-refundable and that it is my responsibility to arrange transportation for my child to practices and tournaments.

Signed Parent 1

Date

Signed Parent 2

Date

My signature acknowledges the above statements and that a copy of this form will be maintained by the above-named team at all tournaments, practices, and related events.