

2008-2009 CYA CAWL EMERGENCY PERMISSION FORM

I, the undersigned, am aware that participating in CYA Wrestling may involve traveling with the team. I acknowledge and accept the risks inherent in this sport and with the travel involved and with this knowledge in mind, I grant permission for my child/ward to participate in this sport and travel with their team. In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the CYA's coaches/staff to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named below.

CHILD'S NAME _____ BIRTH DATE _____
(Print first, middle and last name) (00/00/0000)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____

(Where to reach you in an emergency with Area Code and extension)

EVENING/WEEKEND PHONE NUMBER _____

(where to reach you in an emergency with Area Code)

Has child been prescribed an Inhaler or Epipen? _____

(must be present with child at practice and meets)

Is child presently taking medication? Yes ___ No ___ If yes, what type? _____

Please list date of last Tetanus shot _____ Are contact lenses worn? _____

Please list any allergies to medications, etc. _____

Please list any health problems that might be significant to a physician evaluating your child in case of an emergency _____

This Emergency Permission Form may be reproduced and is acceptable for emergency treatment if needed. Name of team _____

I authorize and certify all above information as true and accurate. _____

(Legal Parent/Guardian signature) (date)

2008-2009 CYA CAWL PARTICIPANT'S WAIVER AND RELEASE

In consideration of the undersigned wrestler ("Participant") being allowed to participate in the Chantilly Youth Association's Wrestling Program – sponsored wrestling practices, meets and tournaments for the 2008-2009 season: said Participant and his/her legal parent(s) and/or legal guardian(s), for themselves and each of their heirs, personal representatives and assigns, to the fullest extent lawfully permitted, release, discharge and covenant not to sue CYA and its respective officers, administrators, coaches, trainers, meet coordinators, sponsors, sponsoring agencies and advertisers, or the owners and lessors of premises in which such events occur, with respect to any and all claims, damages, or other liabilities arising out of the Participant's injury or death occurring during such events, whether in the course of training or competition. The undersigned hereby acknowledge having adequate health insurance necessary to provide and pay for any medical costs that directly or indirectly result from any and all participation in this activity. Each of the undersigned acknowledges the sport of wrestling involves severe physical exertion and intense stress which can result in serious injury or in some rare circumstances, death; he/she agrees to assume the risks of such consequences. This Waiver and Release is freely and voluntarily given with full understanding of the inherent risks of participating for Chantilly Youth Association's Wrestling Competitions.

Participant/wrestler _____

(print legal name) (signature) (date)

Parent/Guardian _____

(print legal name) (signature) (date)

Parent/Guardian _____

(print legal name) (signature) (date)