

North Allegheny Tiger Junior Wrestling Association

Medical Authorization (for online registrants only)

Wrestler's Name _____

Does the wrestler have a medical history or problem with which the organization should be familiar? Yes No
(Ex. Diabetes, Convulsive Disorder, Serum Sensitivities, regular medication, etc)? If Yes, what?

To Whom It May Concern: If neither of the parents can be contacted in the case of serious injury or illness, I hereby authorize representatives of the North Allegheny Junior Tiger Wrestling Association to act as my agent to secure emergency medical treatment for _____, a minor child for whom I am responsible, at the nearest hospital when in the opinion of the Organization Representatives, such emergency medical treatment is deemed appropriate during the time which my child is engaged in an Organization activity. I hereby agree to hold the NATJWA and its representatives harmless for exercising its judgment in authorizing such emergency treatment and said representatives are specifically authorized to sign any required medical emergency hospital treatment forms on my behalf.

Date _____ Signature of Parent or Guardian _____

Family Physician		Phone	
Nearest Relative or Neighbor		Phone	

By Our Signature(s), I (We):

1. Give approval for the named wrestler to participate in any and all activities of the organization and in any leagues they may participate in during the current season.
2. Assume all risks and hazards incidental to the conduct of the activities and transportation to and from all activities or practice. I agree to release, absolve, indemnify and hold harmless the NATJWA, it's officers, directors, coaches, and supervisors in the case of injury to our child during these activities and when being transported to and from these activities.
3. Agree to ensure that any equipment loaned to our child is returned in the same condition at the end of the season.
4. Understand that no refunds will be given unless the wrestler moves from the school district before start of the practice.

Parent or Guardian Signature _____ . Date _____ .

Mandatory Volunteer Help

Mandatory Volunteer Help for the Young Guns Tournament is required for **all wrestling families!** Please choose **two** sessions to assist us in running the tournament. Duties will be announced at a later date. If you or your spouse or teenage child cannot fulfill your chosen sessions to volunteer, you must find a substitute to fill your position. **No exceptions!**

Saturday, January 1, 2010	Morning session (7AM-12PM)	Afternoon session (12-5PM)	
Sunday, January 2, 2010	Morning session (7AM-12PM)	Afternoon session (12-5PM)	

Circle Two, Please