

# EIERMAN ELITE WRESTLING CLUB

## Summer 2013 Camps

### **CONTACT INFORMATION** *(PLEASE PRINT)*

Wrestler Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

**FOOD/DRUG ALLERGIES** Does your wrestler have any known food and/or drug allergies? If so, please list/explain below:

### **EMERGENCY INFORMATION**

Emergency Contact #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

### **PARENTS WAIVER OF LIABILITY AND PERMISSION**

I give my permission for my child to participate in the Eierman Elite Wrestling Club summer camp(s). I hereby release the Eierman Elite Club and its management, coaches, volunteers, member/athletes, and sponsors from any and all liability or responsibility for any and all claims, causes of actions, risks, harm, injuries, losses, damage, costs and/or expenses (including attorneys' fees), known or unknown, foreseen or unforeseen, which may result from or relate to my or my child's participation in the Eierman Elite Wrestling Club summer camp(s), even if alleged to be the fault of or caused by the negligence or carelessness of the Eierman Elite Wrestling Club, its employees, officers, coaches, directors, agents, servants, successors, heirs, executors, administrators and assigns.

I also hereby give my permission for the Eierman Elite Wrestling Club to seek emergency medical attention in the event of injury during an Eierman Elite Wrestling Club summer camp(s) if a parent or legal guardian is not available.

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED