

**Eierman Open Practice / Camp Registration Form**  
**Mike Eierman**  
**4180 State Rd. J.**  
**Fulton, MO 65251**

Registration for:

*Open practice* (or)  *Camp* date(s) \_\_\_\_\_

Money enclosed \$ \_\_\_\_\_ (checks payable to Mike Eierman)

Circle T-shirt size:    8-10    XS    S    L    XL    XXL

Wrestler \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Prior wrestling experience:     yes     no    years \_\_\_\_\_ weight \_\_\_\_\_

Parent (s) name (s) \_\_\_\_\_

Homes phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone # \_\_\_\_\_

Insurance company \_\_\_\_\_ policy # \_\_\_\_\_

Family doctor \_\_\_\_\_ phone # \_\_\_\_\_

Is you child on medication?     yes     no    if yes, please list: \_\_\_\_\_

\_\_\_\_\_

Drug sensitivities/allergies \_\_\_\_\_

Please describe any medical conditions we should be aware of including prior fractures or serious injuries:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wrestlers name \_\_\_\_\_

Please read the statements below and sign ONE:

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

Parent/guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If my child needs medical treatment while participating, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Wrestlers name \_\_\_\_\_

**RELEASE WAIVER OF CLAIM AND PROMISE TO INDEMNIFY**

In consideration on the inclusion of \_\_\_\_\_ in Eierman Open Practice / Camp, we the undersigned parent or guardian of this child, do hereby waive any and all claims arising from or out of property damage or injury arising from this program. The parent or guardian of the child hereby certifies that the child has had a physical prior to his enrollment in this program sufficient to ascertain his physical condition and suitability for the program, and that he/she is fit for strenuous physical exercise.

In consideration of inclusion in the program, the parent or guardian further promise to indemnify the Eierman Elite Wrestling, Mike Eierman and Eierman and Company, LLC for any claim, lawsuit or settlement, claims for damages, judgment or attorney's fees.

The parent or guardian also gives permission for Eierman Elite Wrestling and its agents to administer first aid and request medical treatment as necessary to insure the well being of their child.

\_\_\_\_\_  
Signature of Parent or Guardian

Dated \_\_\_\_\_