



ASKEO INTERNATIONAL MAT CLUB

Parent information:

Parent 1: _____ Phone: _____

Parent 2: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Parent 1 email: _____

Parent 2 email: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Liability Injury Waiver:

While we know that the nature of the sport of wrestling leaves room for possible injury, Askeo International Mat Club will do it's best to provide a safe and healthy environment for your child. By signing this waiver form you agree to release Askeo International Mat Club, Evergreen High School and Evergreen School District from any liability in the event that your child(ren) listed below is hurt or injured.

Parent/Guardian Signature:

Parent 1 _____ Date: _____

Parent 2 _____ Date: _____

Wrestler _____ School _____ Grade _____ DOB _____

Wrestler _____ School _____ Grade _____ DOB _____

Wrestler _____ School _____ Grade _____ DOB _____

Wrestler _____ School _____ Grade _____ DOB _____