

**TEAM TULSA WRESTLING CLUB 2022-2023**

WRESTLERS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

*PLEASE TELL US HOW TO CONTACT YOU IF THERE IS AN EMERGENCY*

PARENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I, the undersigned parent of legal guardian, certify that a physical is not needed for \_\_\_\_\_ (wrestler's name) in order to participate in the Team Tulsa wrestling program. I hereby accept full responsibility and further state that he/she is physically fit to participate, and that I will not hold Team Tulsa Wrestling Club (TTWC), or its designated representatives liable in any event of injury. I, the undersigned parent or legal guardian of the minor listed do hereby authorize any x-ray, examination, anesthetic, medical or surgical diagnostic or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific, or special consent of: **TEAM TULSA WRESTLING CLUB**, the temporary custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist or at a hospital licensed by the State of Oklahoma. I authorize the physician or dentist to call in any necessary consultant at their discretion. I further authorize the physician or dentist to exercise their judgment as to the requirements of such diagnosis of medical, dental, or surgical treatment. It is also understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis of medical, dental, or surgical treatment. This consent shall remain effective until revoked in writing, delivered to said physician, dentist, or to said person entrusted with the custody, care, and control of said minor child and wrestler.

Team Tulsa Wrestling Club has my permission to use \_\_\_\_\_ (wrestler's name) photographs/videography publicly to promote the club. I understand that the images may be used in print publications, online publications, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

All Team Tulsa Wrestling Club and TTWC logos and apparel are intellectual property of TTWC. Any replications, materials, and/or solicitations of, must be approved by TTWC.

I agree that the tuition for Team Tulsa Wrestling Club must be paid in full on the 1st of every month, for the current month. If payment is more than 10 days late there will be a 10% late fee applied to my account.

\_\_\_\_\_  
Parent/ Legal Guardian's Signature

\_\_\_\_\_  
Date

