

# Arsenal Wrestling Club Health Form

1. All information must be completed in order to participate in Arsenal Wrestling Club. A parent/guardian must provide all requested information, **print** the form, and a **parent/guardian must sign the form**. A doctor's signature is not required.
2. The Health Form **must be completed prior to practice**.

PROGRAM \_\_\_\_\_ AWC Spring Session \_\_\_\_\_ DATES(S) 3/10 – 5/14

NAME OF WRESTLER \_\_\_\_\_ WRESTLER'S AGE \_\_\_\_\_ DOB \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

MOTHER'S WORK# \_\_\_\_\_ FATHER'S WORK# \_\_\_\_\_

LIST ADULT(S) WRESTLER IS AUTHORIZED TO BE RELEASED TO  
\_\_\_\_\_

NAME OF ALTERNATE CONTACT PERSON (OTHER THAN PARENT) \_\_\_\_\_

TELEPHONE # OF ALT. CONTACT \_\_\_\_\_ RELATIONSHIP TO WRESTLER OF ALT. CONTACT \_\_\_\_\_

LIST ANY **MEDICATION, FOOD, OR ENVIRONMENTAL ALLERGIES** \_\_\_\_\_

LIST ANY MEDICATION(S) BEING TAKEN. **PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION** \_\_\_\_\_

LIST ANY ORTHOPEDIC INJURIES **WITHIN THE PAST YEAR** AND DESCRIBE NATURE & SEVERITY OF THE INJURY.  
PLEASE GIVE DATE OF INJURY AND A BRIEF EXPLANATION \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHYSICIAN'S TELEPHONE # \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM \_\_\_\_\_ DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

HEALTH INSURANCE GROUP AND POLICY #'s \_\_\_\_\_

NAME OF PERSON WHO IS PRIMARY HOLDER \_\_\_\_\_

## WITH MY SIGNATURE BELOW:

- I verify that all of the above information is accurate to the best of my knowledge.
- I authorize Arsenal Wrestling Club and Athletic training staff to provide medical treatment for my child.
- I verify that my child may participate in any and all AWC-related activities and events, and that my authorization does not conflict with any medical advice or concerns expressed by my child's physician.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE