



Suples Wrestling Club

All members must have a USA Wrestling Card. Cards can be ordered on-line at: www.usawmembership.com

Name: _____ Weight: _____ Division: _____

USA Wrestling Card#: _____ Date of Birth: _____

Mother's Name: _____

Mother's E-Mail: _____

Mother's Phone: _____

Mother's Occupation: _____

Father's Name: _____

Father's E-Mail: _____

Father's Phone: _____

Father's Occupation: _____

I hereby consent to my child's (or self if 18 & over) participation in the Suples Wrestling Club program. I agree to indemnify and hold free and harmless Suples Wrestling Club, its officers, coaches and officials from any and all liability against them arising out of my child's participation therein, whether liability is caused by, or arose out of negligence. USA Wrestling provides secondary medical coverage through their membership.

I have read and fully understand the above Program Details, Waiver and Release of All Claims.

Signature of parent/guardian or self (if 18 and over): _____

Date: _____ Print name: _____

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by Suples, Ltd. to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of Suples, Ltd. may use and/or reproduce such photographs and recordings.

I hereby release Suples, Ltd., and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If Wrestler is under 18: I, _____ am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Signature of parent/guardian or self (if 18 and over): _____

Date: _____ Print name: _____

Emergency contact: _____

Phone number: _____

Suples Headquarters - 8534 W. Elisa Street - Boise, ID 83709 and 4721 W. Camas Street - Boise, ID 83705

Ph: (208) 362-4248

E-mail: WrestlingClub@Suples.com - Website: SuplesWrestlingClub.com



Medical Information & Waiver Forms

This packet contains medical information forms and a sample waiver and release from liability form. In today's climate of insurance claims and liability action, the use of these forms is mandatory by your club and/or league.

Parent's Medical Instructions

This form can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment.

Medical History Questionnaire

If you are traveling and one of your athletes needs medical attention, this information can be of great value to an attending physician.

The parent's Medical Instruction and the Medical History Questionnaire for each athlete should be kept in a sealed envelope with his name on the outside in or with the club's medical kits. It is recommended that the kit also should have a list of emergency phone numbers for each club member, along with the standard 911, police, ambulance, fire, etc., phone numbers.

Participant's Waiver and Release From Liability Form

This form provides the club administration a copy of a standard participant's waiver and release from liability form. It is mandatory that club administrators have this form signed in addition to the form attached to the membership card. **Failure to obtain a waiver and release on members will result in a loss of insurance coverage.**

Please keep medical forms for no less than 18 months.

You must keep all Waiver and Release forms for 7 years.

USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s):

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose. Sign only one!

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

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is 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 Signature _____ Date Signed _____

Wrestler's USA Wrestling Card No. _____

Name of Club _____

Coach's Name _____ Phone Number _____

USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: _____ USA Card No.: _____

Emergency Contact: _____ Phone No.: _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) _____
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed

- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.

- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly _____
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
Heart disease (rheumatic fever) Liver disease (hepatitis)
Kidney disease (infections) Lung disease (pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly _____
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each _____
- Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each _____
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. _____
- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
Permanent bridge Permanent crown or jacket
Braces Full plate Removable partial plate
Permanent retainer Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened _____
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury.

- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.

- Yes No 18. Have you ever had an injury to your back?
- Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently With vigorous exercise With heavy lifting
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?
- Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____
- Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?
- Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

- Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

USA WRESTLING MEMBER AGREEMENT

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT WITH PARENTAL CONSENT

IN CONSIDERATION of being permitted to participate in any way in any USA Wrestling chartered club practice and/or sanctioned event ("Activity") at any time during the current member year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

USA WRESTLING SAFE SPORT POLICY

The mission of USA Wrestling, as guided by the Olympic Spirit, is to provide quality opportunities for its members to achieve their full human and athletic potential. Our goal is to encourage participation and the pursuit of excellence in all aspects of wrestling. USA Wrestling has long had systems in place to protect its participants from physical abuse, sexual abuse and other types of abuse and misconduct that can be harmful to youth athletes and other participants. The safety of its athletes, coaches, and volunteers is of paramount importance to USA Wrestling. This includes both on-mat and off-mat safety.

Conduct that is prohibited or regulated by the USA Wrestling Rule Book and Guide To Wrestling (e.g., illegal moves, brutality incidents, yelling at an official or opponent, and complaints related to officiating etc.), are not intended to be covered by the Safe Sport Program policies and are instead to be addressed and/or penalized under the USA Wrestling Rule Book and Guide To Wrestling, and other Codes of Conduct or Ethics.

[USA Wrestling's Safe Sport Policy and this Safe Sport Handbook](#) address off-mat safety in any part of USA Wrestling's programs. This Handbook includes the various Policies that apply to all USA Wrestling Member Programs. It further includes (1) the available resources and required Training of USA Wrestling, and its Member Programs', employees, volunteers, administrators, coaches, parents and athletes on recognizing and reducing circumstances for potential misconduct to occur; (2) information on USA Wrestling's Screening and Background Check Program; (3) the availability and procedures for any person to Report suspected abuse or misconduct (including protections from any retaliation or repercussions for such reporting); (4) the procedures and means by which USA Wrestling and its Member Programs should Respond to allegations of abuse and misconduct; and (5) how USA Wrestling and its Member Programs will Monitor and Supervise this program to help ensure its effectiveness.

USA Wrestling is committed to creating the safest possible environment for participation in wrestling. We pledge to protect, support, and empower our athletes through this Safe Sport Program. USA Wrestling grants the privilege of membership to individuals and Member Programs committed to its mission. The privilege of membership may, therefore, be withdrawn or denied by USA Wrestling at any time where USA Wrestling determines that a member or prospective member's conduct is inconsistent with the mission of the organization or the best interest of the sport and those who participate in it.

ATHLETE CODE OF CONDUCT

As a member athlete of USA Wrestling, I will:

- Wrestle for the enjoyment of the sport.
- Know and practice the core values of USA Wrestling: Responsibility, Integrity, Dedication, Honesty, Accountability, and Respect.
- Always strive to challenge myself. Work hard to improve my conditioning and skills.
- Be a good sport, win or lose. Champions are determined as much by how they handle defeat as they are by how many wins they achieve.
- Support my teammates and look out for everyone's best interest.
- Be on time, and be ready for practice...give 100% effort.
- Learn the rules and wrestle by them. Always be a good sport.
- Respect my coach, teammates, parents, opponents and officials.
- Never argue with an official's decision.
- Learn the fundamentals of Safe Sport. Do not engage in misconduct. Report anything that does not seem right to you to a trusted adult.
- Learn, and put into practice, teamwork, sportsmanship and discipline.

All athlete members 18 years of age and above are subject to USA Wrestling's General Member Code of Conduct.

PARENT CODE OF CONDUCT

Do not force your children to participate in sports, but support their desires to participate in their chosen sports. Children are involved in organized sports for their enjoyment. Make it fun.

- Encourage your child to wrestle by the rules. Remember, children learn best by example, so applaud the good moves of both wrestlers.
- Emphasize the core values of USA Wrestling with your child: Responsibility-Integrity-Dedication-Honesty-Accountability-Respect.
- Do not embarrass your child by yelling at opposing wrestlers, coaches or officials. By showing a positive attitude toward the sport and all of its participants, your child will benefit.
- Emphasize skill development and practices, and how they benefit your young athlete. De-emphasize matches and competition in the lower age groups.
- Know and study the rules of wrestling and support the officials on and off the mat. This approach will help in the development and support of the wrestling. Any public criticism of the officials during competition only hurts the sport.
- Applaud a good effort in both victory and defeat, and enforce the positive points of the match. Never yell or physically abuse your child after a match or practice – it is destructive. Work toward removing the physical and verbal abuse in youth sports.
- Recognize and respect the importance of volunteer coaches. They are integral to the development of your child and the sport. Communicate with coaches and support them.
- Please be aware of the importance of the USA Wrestling Safe Sport Program, and consider taking SafeSport Training to become educated on the safety and wellbeing of your athlete.
- Volunteers are the heartbeat of every club. Please take the time to learn about your club and the sport of wrestling, and look for ways to lend your support.

ANTI-DOPING AGENCY NOTIFICATION

I understand and agree that the United World Wrestling (UWW) Anti-Doping Rules, U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol), and the USOC Anti-Doping Policy all other policies and rules adopted by UWW, USADA and USOC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of UWW and/or USA Wrestling, if applicable or referred by USADA.