



PARTICIPANT REGISTRATION
Malecek Team Wrestling Camp - June 27-30, 2022

CAMP PARTICIPANT INFORMATION

Camp Participant Name*

T-Shirt Size (*adult sizes*)*

- S
- M
- L
- XL
- XXL

Birthdate*

Gender*

Email*

Phone*

Address

School/Team*

Coach Name*

Coach Phone*

EMERGENCY CONTACT INFORMATION

Parent/Legal Guardian Name*

Cell # (for emergency)*

Parent/Legal Guardian Email*

Parent/Legal Guardian Address (if different than camp participant address)

CAMP PARTICIPANT HEALTH INFORMATION

Physician*

Office Phone

List any health limitations (i.e., allergies, hearing, vision, etc.)

Is the participant currently being treated for any medical condition(s)?*

List any medications currently being taken by participant.

Date of last tetanus booster (must be within last 10 years).*

Have you ever had a concussion?*

HEALTH INSURANCE INFORMATION

Health Insurance Company

Phone

Policy Holder's Name

Policy #

WIAA PARENT & ATHLETE CONCUSSION AGREEMENTS

As a parent and an athlete/participant it is important to recognize the signs, symptoms, and behaviors of concussions. By checking the box (below) and signing the *Release* section of this form, you are stating that you have read the Wisconsin Interscholastic Athletic Association (WIAA) [Parent/Athlete Concussion and Head Injury Information](#) document and understand the importance of recognizing and responding to the signs, symptoms & behaviors of a concussion or head injury.

Parent/Legal Guardian Agreement – I have read, understand and agree to abide by all of the information contained in the above named materials (i.e., [WIAA-Parent Concussion and Head Injury Information](#) document). I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, behaviors, and risks of sport related concussion. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

*Parent/Legal Guardian Concussion Agreement**

I agree to the Parent Concussion Agreement above and have reviewed all WIAA-Parent Concussion and Head Injury Information.

Camp Participant/Athlete Concussion Agreement – I have read, understand and agree to abide by all of the information contained in the above named materials (i.e., [WIAA-Concussion and Head Injury Information](#)). I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, behaviors, and risks of sport related concussion. I acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

*Camp Participant/Athlete Concussion Agreement**

I agree to the Athlete Concussion Agreement statement above and have reviewed all WIAA-Concussion and Head Injury Information.

WAIVER AND RELEASE

In consideration of permission given by Malecek Team Wrestling Camp, LLC (herein "MTWC") to the Participant (and, if a minor or incompetent, his or her parent/legal guardian) (collectively "Undersigned") to participate in MTWC activities, the Undersigned does hereby agree as follows:

1. Medical Information.

a. Undersigned shall complete the Medical History attached hereto and incorporated herein by reference. Undersigned acknowledges he/she has been advised to consult with a physician before Participant begins any physical exercise program. The undersigned represents and warrants that Participant has no known health issues or pre-existing conditions that would limit Participant's training or activity level. Undersigned shall notify MTWC of any injuries, whether or not related to athletic activities, and changes to Participant's Medical History.

b. Undersigned acknowledges that MTWC is not equipped to respond to certain medical events, including but not limited to seizures and severe allergic reactions. MTWC reserves the right to require a parent, legal guardian or adult team coach to remain on premises during MTWC activities when Participant is present.

c. The undersigned authorizes MTWC to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary, in MTWC's sole discretion, for Participant's immediate care. The undersigned further agrees that he/she will be responsible for payment of any and all medical services rendered on behalf of Participant.

2. Roster/Photo/Video Release.

The Undersigned consents to the release of Participant's name, phone number, and email to third party participants in MTWC. The Undersigned acknowledges that MTWC may videotape or photograph during MTWC activities. The Undersigned grants MTWC the right to photograph or videotape during MTWC activities. The Undersigned grants MTWC the right to photograph or otherwise record the Participant and further to use the Participant's face, name, likeness, voice, and appearance for MTWC purposes without reservation or limitation, including advertising and promoting MTWC.

3. Assumption of Risk.

Undersigned acknowledges that participation in MTWC activities, including but not limited to, MTWC events and travel to and from said events, may subject the Undersigned to risk of personal injury, illness, death, and damage to property. Undersigned freely, voluntarily and with full knowledge of such risks assumes the risk of personal injury to participant and property damage arising from or in any way connected with participation in MTWC activities.

Communicable disease/COVID-19 – Undersigned acknowledges exposure risks arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. Participation in MTWC activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. The risk of serious illness and death does exist. MTWC cannot and does not guarantee, warrant, or represent that participants will not contract a communicable disease, including but not limited to COVID-19, as a result of participation in MTWC activities.

4. Release of All Claims.

Undersigned releases, individually and cumulatively, MTWC and its officers, employees, coaches, and members (herein after "Released Parties") from any and all claims, demands, actions and right of action, of every kind or nature, arising from or in any way connected with participation in MTWC activities. The Released Parties shall not be responsible or liable for the Participant's death, injury or property damage arising from or in any way connected with Participant's participation in MTWC activities, whether or not said death, injury or property damage results from any negligent act or omission on the part of any Released Party. This is a complete and irrevocable release and waiver of liability.

5. Indemnification.

Undersigned and Undersigned's heirs, executors, and assigns shall defend and indemnify the Released Parties against any and all claims, demands, actions, rights of action, suits, debts, damages, liabilities, expenses and fees of every kind, description or nature incurred and/or arising from any actual or claimed negligent or wrongful act or omission of the Released Parties arising from or in any way connected with Undersigned's participation in MTWC Activities.

6. Participation.

Participation in MTWC activities is a privilege, not a right. MTWC may deny any person admittance to MTWC activities. Undersigned shall comply with all of the rules and regulation promulgated by MTWC from time to time for program participation and use of equipment and facilities.

7. Concussion Agreement.

As a parent and/or an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. The undersigned acknowledges having read the Wisconsin Interscholastic Athletic Association (WIAA) Parent/Athlete Concussion and Head Injury Information document and understands the importance of recognizing and responding to the signs, symptoms & behaviors of a concussion or head injury.

*Camp Participant Waiver and Release Agreement**

I have reviewed and agree to the Waiver and Release statement listed above.

Camp Participant*

Date*

Camp Participant Signature – Waiver and Release Agreement*

Parent/Legal Guardian Waiver and Release Agreement – I represent and warrant that I am the parent or legal guardian of the above named minor. By my signature I acknowledge, consent to and agree to be bound by the terms and conditions of the MTWC Waiver & Release both individually, in my capacity as parent or legal guardian of the above named minor and on behalf of Participant.

*Parent/Legal Guardian Waiver and Release Agreement**

I have reviewed and agree to the Waiver and Release statement listed above.

Parent/Legal Guardian Name*

First

Last

Relationship to camp participant/athlete* Date*

MM/DD/YYYY

Parent/Legal Guardian Signature – Waiver and Release Agreement*