Assumption of Risk:

Parent / Guardian Signature: Da	nte:
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Medical Release:

Where the health and well-being of my child(ren) is involved, where medical advice has been retained and where all attempts to contact the parent / guardian have failed or where by the nature of the emergency there is insufficient time to contact said parent / guardian, I hereby authorize the coaches / support staff to secure medical advice and services as may be deemed necessary for the health and safety of my child(ren).

Parent / Guardian Signature: Date:	Parent / Guardian Signature:		Date:	
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Release for the use of the images in EWC material:

I agree that EWC may use the image(s) of my child(ren) in its various communications materials including website, promotional materials and social media.

Parent / Guardian Signature:		Date:	
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ALL SECTIONS MUST BE COMPLETED **Edmonton Wrestling Club Code of Conduct**

Athlete

- ✓ I will act in a manner that is positive towards the Edmonton Wrestling Club and the sport of wrestling in General.
- ✓ I will act respectful towards those around me.
- ✓ I will show respect for coaches, officials and opponents.
- \checkmark I am part of a team I will cheer on my teammates.
- ✓ I will not say / do anything harmful, threatening or derogatory to my teammates, coaches, officials or opponents.
- ✓ I will abide by the rules set out by the Edmonton Wrestling Club.
- ✓ I am responsible for my own actions.

Athlete's Name:	
Signature:	Date:

Parents

- ✓ I will act in a manner that is positive towards the Edmonton Wrestling Club and the sport of wrestling in General.
- ✓ I will act respectful towards those around me.
- ✓ I will not say / do anything harmful, threatening or derogatory to any members of the EWC, coach, official or athlete.
- ✓ I will show respect for coaches, officials and athletes.
- ✓ All I can ask of someone is that they do their best.
- ✓ I will let the coaches coach. That is their job.
- ✓ I will cheer on our athletes. That is my job.
- ✓ I am responsible for my own actions.

Parent /	Guardian	Name:
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Signature: _____ Date: _____

Parent / Guardian Name: _____

Signature: _____ Date: _____

