

KENESAW

YOUTH SPORTS

Wrestling

PLEASE RETURN TO JAN AT THE OFFICE

Player Name: _____

Birthday: _____ **Grade:** _____

Parent Name(s): _____

Address: _____

Phone Number(s): _____

Email: _____

Fee: none

More information can be found at the **Kenesaw Youth Sports facebook page** or at www.kenesawyouthsports.com

The purpose of the WARNING is to bring to your attention the existence of potential dangers associated with participation. Participation in any athletic activity may involve injury of some type. The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck, and spinal cord, even death.

I understand that even with the best coaching, the uses of the best protective equipment and under the strict observance of rules, injuries are still a possibility.

I hereby give my consent for the above child to participate in the Kenesaw Youth Sports program. I also agree not to hold the coaches, Kenesaw Youth Sports organization or anyone acting in its behalf, responsible for any injury occurring to the above named child in the course of such athletic activity.

Parent Signature

Date