



*Beat the Streets Wrestling Program*

School or site: \_\_\_\_\_

Coach: \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ to participate in the 2010-2011 Beat the Streets Wrestling Program being conducted at the above mentioned school or site. I understand that wrestling, although not typically a very dangerous sport, is a strenuous contact sport that may, on occasion, cause injuries. I also understand that children with certain medical conditions could be impacted adversely by strenuous activity that increases the child's hear rate, blood pressure, or breathing. I am responsible for insuring that my child is physically able to participate in youth wrestling and training activities, and I accept all risks of injury that may result from my child's participation in any Beat the Street Wrestling event.

I also authorize Beat the Streets Wrestling to act for me in the best interest of my child in any situation, including, but not limited to, medical emergencies.

I further agree to hold Beat the Streets Wrestling, and its staff, directors, coaches, parents and schools, and the New York City Board of Education, harmless from any liability or injury that may arise from the normal activities of this sport.

I also authorize the use of the above named member's name and image in promotional or informational publications for the Beat the Streets Program, including on its website.

Name of participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt size: \_\_\_\_\_ Short size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_