

**SUSSEX CHRISTIAN SCHOOL**  
**WRESTLING PERMISSION & PARTICIPATION FEE FORM**

I give permission for my son \_\_\_\_\_ to participate in the wrestling program at Sussex Christian School, and have enclosed a participation fee in the amount of \$30.00.

*Please provide the following information:*

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate contact in case parents unable to be reached \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

My son/daughter has the following medical problems, chronic disease or allergies: \_\_\_\_\_

\_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Does child have a prescription inhaler for asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of asthma medication: \_\_\_\_\_

Epipen (Adrenaline) for diagnosed bee sting allergy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy number: \_\_\_\_\_

Hospital to be treated in case of emergency: \_\_\_\_\_

I have read and completed this document in its entirety. I give permission for my child to participate in the wrestling program at Sussex Christian School and give permission for my child to be treated should he sustain an injury, asthmatic episode, or bee sting in the event that I am unable to be reached. I understand that I must provide paperwork from my physician, as well as inhalers and/or Epipen if needed, and authorize the coach to administer medication in my absence. I understand that Sussex Christian School will not be held liable for injuries sustained in practice, during matches, or while being transported to and from sports events and/or practices.

**In addition, I understand that there is a participation fee of \$30.00, which I have enclosed by a check, made payable to "Sussex Christian School".**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SUSSEX CHRISTIAN SCHOOL

## WRESTLING TEAM PARTICIPATION STUDENT ATHLETE AGREEMENT FORM *2010-2011 SEASON*

I hereby agree that it is of vital importance that the student athlete named below follows the coach's still instructions, training rules, and team policies. This includes exhibiting a Christ-like attitude on and off the mat, as well as good sportsmanship. Respect for teammates, opponents, coaches and officials are also required of a Sussex Christian School athlete.

I understand that an SCS wrestling uniform will only be issued after receipt of a \$50.00 "Uniform Security Deposit". I acknowledge that upon return of the uniform in reasonable condition (ordinary wear expected), the uniform security deposit will be returned to me. All or a portion of the \$50.00 uniform security deposit that will be held by Sussex Christian Mat Club may be retained by Sussex Christian Mat Club if I fail to properly care for and return the uniform.

- **Uniforms will be** distributed in the gym at practice, with the date to be announced by the coach.
- The security deposit will be accepted in the form of a check made payable to "Sussex Christian Mat Club", which will be held and not cashed until the end of the season when the uniform is returned.
- The uniforms are numbered, with each number recorded at time of issuance to each player.
- The **date** for the return of uniforms will be announced at the end of the season.

-----*Please return bottom portion with your deposit in an envelope marked "Wrestling"*-----

I have read the above participation form, and will abide by the statements.  
Enclosed is my \$50.00 uniform deposit.

Athlete's Name \_\_\_\_\_

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\*\*\*For school use only\*\*\***

Check number \_\_\_\_\_ Uniform Singlet \_\_\_\_\_ Sweatshirt \_\_\_\_\_ Date received \_\_\_\_\_