

Ritch Roberts
Folkstyle Director



**School Boys / Cadets / Juniors National Team
Medical Release**

Wrestler's Name: _____

Address: _____

City: _____ Zip: _____

In the event of injury or illness, I hereby authorize the team leader, coaching staff, and trainers to implement medical / dental procedures for my son/daughter while he/she is in attendance at the training camp, the School Boys/Cadet/Junior National Wrestling tournament and while in travel to and from the National tournament.

Name of Primary Insurance Co: _____

Policy Number: _____

Signature of Parent/Guardian: _____

Date: _____

In case of an emergency, I can be reached by telephone during the period of the trip at:

Home: () _____ Business: () _____

Cell: () _____ Pager: () _____

Please list any allergies or other known medical problems, as well as a list of any medications (including dosages) of any drugs the wrestler must take while on the trip. Please complete and return by mail, with of your copy Insurance card (front/back) to the address listed below.