

# EASTERN LOUDOUN WRESTLING CLUB/TOP OF THE PODIUM

<b>PERMISSION, AUTHORIZATION, AND ACKNOWLEDGEMENT OF RISKS</b> Instructions: Each Participant must complete this form and bring it to the event.	
<b>School Name:</b>	Farmwell Station Middle School
<b>Date/Time of Event:</b>	Thursday, October 12, 2017 (3:30-5:30 pm); students taking activity bus home will leave earlier
<b>Name of Event; Event Organizer:</b>	Introduction to Farmwell Station Middle School Wrestling; by Eastern Loudoun Wrestling/Top of the Podium approved by PRCS;
<b>Name &amp; Purpose of the Activity/Event:</b> This is an information meeting and introductory-level, trial practice for the Farmwell Station Middle School wrestling team which is managed by Eastern Loudoun Wrestling Club (ELWC).	
<b>Activity/Event Transportation:</b> <input type="checkbox"/> Parents of Participant will be responsible for transportation to/from event. (Check box & explain as applicable) <input type="checkbox"/> Other: (Explain) <u>Activity bus/parent pick-up/walkers</u>	
<b>Risks Related (check all that apply to the Activity/Event):</b>	
<input type="checkbox"/> Amusements-Parks, Inflatable/Mechanical Rides	<input type="checkbox"/> Swimming/Boating/Water Activities
<input type="checkbox"/> X Physical Activity or Sporting Event Participation	<input type="checkbox"/> Entertainment/Concert Event Participation/Attendance
<input type="checkbox"/> Other (Specify Activity or further explain above risk):	
<b>Student Participant Information:</b>	
<b>Student Participant's Name:</b>	
<b>Parent/Guardian Names:</b>	
<b>Home Address (No PO Boxes):</b>	
<b>Home Phone:</b>	<b>Other Phone #s:</b>
<b>E-mail:</b>	<b>Emergency Phone Numbers:</b>
<b>Emergency Contact Names &amp; Relationship:</b>	
<b>Student Agreement:</b> While participating in this Activity/Event, I will act responsibly, follow directions, maintain good conduct and appearance, safeguard personal property, and understand that school rules will apply at all times.	
<b>Student Signature:</b> _____ <b>Date:</b> _____	
<b>Activity/Event Parental Permission, Authorization, and Acknowledgement of Risks</b>	
I understand that my child's participation in the above Activity/Event is voluntary, that it is not required, and that there will be exposure to <b>activities involving risks of serious injuries</b> . I have read and understand the description of the Activity/Event and give permission for my child's participation.	
I understand that LCPS, ELWC, and Top of the Podium <b>will not</b> be responsible for any personal property that may become lost or damaged during this Activity/Event and these groups <b>do not</b> provide medical or accident insurance for student injuries involved with this Activity/Event. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child's health and well-being in case of accident, injury, or serious illness during the Activity/Event. I understand that I or my child's insurance, will be responsible on a primary basis for any related medical bills incurred. I also agree to hold harmless ELWC and Top of the Podium, including their representatives, for any liability or responsibility related to these activities.	
I understand that all school rules and regulations apply during this Activity/Event, and further understand that parents/guardians may be responsible for transportation to and from the Activity/Event at the above noted time.	
<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____	