**Parent Consent Form**

**2023-2024 NRHEG Panther Youth Wrestling Club**

**Directions:** Please print and complete one form for each individual wrestler. Bring this form and payment to the first practice.*Your child will not be allowed to participate in NRHEG Panther Youth Wrestling Club until this form and payment are submitted.*

**PARENTAL CONSENT for Participation, and Medical Treatment:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first and last name of wrestler) has permission to participate in the NRHEG Panther Youth Wrestling Club at the NRHEG School. I understand the school does not provide student insurance and I am responsible for any medical expenses that may be incurred as a result of participation in this activity. I also acknowledge there are inherent risks involved in any athletic activity. In consideration of my child participating in this sport, consent is given for emergency medical treatment, hospitalization or other medical treatment by a physician and/or hospital in the event of injury or illness, and waive any liability of NRHEG Panther Youth Wrestling Club, Inc. or NRHEG Schools, its agents or employees arising out of such medical treatment.

 Parent(s) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2023-2024 MEDIA PERMISSION**

During the 2023-2024 wrestling season, NRHEG Panther Youth Wrestling Club members and local media representatives may want to photograph, videotape, or interview your child during wrestling activities for use in publications, public presentations and websites including<http://nrhegpantherwrestlingclub.weebly.com> and the NRHEG Panther Youth Wrestling Club Facebook group. The photographs may be of groups of students or individuals, and the students’ first names may be used. For student protection online, a student’s photo and last name will not appear together. Thank you for your cooperation in helping us highlight the good work and efforts of our wrestlers. Please check one option below and sign:

☐ I give permission for my child to be photographed and interviewed and permission to have my child’s name used. Only first names will be used on a webpage if a photograph of that student is also displayed on the webpage.

☐ I give permission for my child to be photographed, but do not want any part of my child’s name used.

☐ I do not want my child photographed or interviewed and do not want his or her name used.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_