

Illinois / USA Wrestling Coach's Card Application 2008-09

Annual Membership: \$40, card valid 9/1/08 through 8/31/09

Note: This application and associated documentation, if applicable, must be completed in full for consideration of a coaches card.

First Name:

Last Name:

Male or Female

Date of Birth:

Social Security Number:

Address:

City:

Zip Code:

Home Phone Number:

Work Phone Number:

Club:

Have you ever been convicted or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving a minor or any sexual offense? (If you answered yes, please attach an explanation of the charge noting the date, nature, and place of the incident leading to the charge, and where it was filed and the final disposition.)

Yes

No

Have you ever been convicted or adjudicated with a finding of fault, guilt or violation, in regard to an offense involving any illegal/illicit drug or controlled substance as prescribed by Federal or State law or regulation? (If you answered yes, please attach an explanation of the charge noting the date, nature, and place of the incident leading to the charge, and where it was filed, final disposition time and place including whether you were sentenced or placed on a period of parole or probation.)

Yes

No

Are you currently serving a sentence or are you on parole or probation for any period for any offense or adjudication of guilt imposed by any court, judge or administrative body? (If you answered yes, please attach an explanation of the charge noting the date, nature and place of the incident leading to the charge, where it was filed and the final disposition.)

Yes

No

Do you consent to a Criminal Records Background Check? (An answer of no will result in automatic rejection of your request for a coach's card.)

Yes

No

I hereby affirm that the information contained in this application is true and accurate to the best of my knowledge.

I recognize my duty to update this application if I become aware that any answer I have given at this time becomes inaccurate in the future. Further, I understand that any misrepresentations in this application may result in the revocation of my USA Wrestling Coach's Card and that I will be subject to disciplinary action by IL/ISAW and the IKWF Executive Board. I authorize IL/USAW and the IKWF to investigate any affirmative responses contained in this application and waive all provisions of the law related to the authorized disclosure of information to IL/USAW and the IKWF by any individual or group. I agree that a photocopy or facsimile copy of this authorization is as valid as the original.

Applicant's Signature: _____

Date: _____

mail to: IL/USAW, 4932 Wilshire Blvd, Country Club Hills, IL, 60478

Club: _____

**USA Wrestling
Waiver and Release from Liability**

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby **FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees")** from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for **PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.**

2. Releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. **RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.**

3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releasor's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant's Signature)

(Date)

(Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian)
(Relationship to minor)

(Date)

(Print Name)