

Hanover Youth Wrestling
Youth Medical Information Form

Child - Last Name, First Name

Date

Home Address – Street Number, Street, Apt. Number, City, State, Zip

Emergency Contact #1 – Name and Phone Number

Emergency Contact #2 – Name and Phone Number

Name of Child's Doctor

Doctor Phone Number

Address of Child's Doctor – Street Number, Street, City, State, Zip

**Name of Child Medical Insurance

Name of Insured

Medical Insurance ID Number

Insurance Group Number

Known Medical Allergies or Significant Health Issues

I attest that the above medical information about my child is true and accurate.

Signature of Child's Legal Guardian/Parent

Date

** All participants are required to be covered by medical insurance in case of injury. If your child is not covered by medical insurance, you will be required to register for a USA Wrestling Card for your wrestler which will cover the child in case of injury while participating in the Hanover Youth Wrestling Program. See Coach Jon or Coach Andy for directions to register.**