

## Team Roster

High School – Team \_\_\_\_\_

Wrestler	Birth Date	Weight Class	Early Weigh-In (circle one)	
1. _____	_____	_____	yes	no
2. _____	_____	_____	yes	no
3. _____	_____	_____	yes	no
4. _____	_____	_____	yes	no
5. _____	_____	_____	yes	no
6. _____	_____	_____	yes	no
7. _____	_____	_____	yes	no
8. _____	_____	_____	yes	no
9. _____	_____	_____	yes	no
10. _____	_____	_____	yes	no
11. _____	_____	_____	yes	no
12. _____	_____	_____	yes	no
13. _____	_____	_____	yes	no
14. _____	_____	_____	yes	no
15. _____	_____	_____	yes	no
16. _____	_____	_____	yes	no
17. _____	_____	_____	yes	no
18. _____	_____	_____	yes	no

**\*NO ATHLETES OVER AGE 19 PERMITTED\***

**\*\*ATHLETES MUST BE ATTENDING OR ENROLED FOR THE UPCOMING SEMESTER TO ATTEND HIGH SCHOOL TO WRESTLE IN THIS DIVISION\*\***

# Team Roster

## Middle School – Team

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Wrestler	Birth Date	Weight Class	Early Weigh-In (circle one)	
			yes	no
1. _____	_____	_____	yes	no
2. _____	_____	_____	yes	no
3. _____	_____	_____	yes	no
4. _____	_____	_____	yes	no
5. _____	_____	_____	yes	no
6. _____	_____	_____	yes	no
7. _____	_____	_____	yes	no
8. _____	_____	_____	yes	no
9. _____	_____	_____	yes	no
10. _____	_____	_____	yes	no
11. _____	_____	_____	yes	no
12. _____	_____	_____	yes	no
13. _____	_____	_____	yes	no
14. _____	_____	_____	yes	no
15. _____	_____	_____	yes	no
16. _____	_____	_____	yes	no
17. _____	_____	_____	yes	no
18. _____	_____	_____	yes	no
19. _____	_____	_____	yes	no
20. _____	_____	_____	yes	no

**\*NO ATHLETES OVER AGE 19 PERMITTED\***

**\*\*ATHLETES MUST BE ATTENDING OR ENROLED FOR THE UPCOMING SEMESTER TO ATTEND HIGH SCHOOL TO WRESTLE IN THIS DIVISION\*\***

## Team Roster

### Elementary School – Team

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Wrestler	Birth Date	Weight Class	Early Weigh-In (circle one)	
			yes	no
1. _____	_____	_____	yes	no
2. _____	_____	_____	yes	no
3. _____	_____	_____	yes	no
4. _____	_____	_____	yes	no
5. _____	_____	_____	yes	no
6. _____	_____	_____	yes	no
7. _____	_____	_____	yes	no
8. _____	_____	_____	yes	no
9. _____	_____	_____	yes	no
10. _____	_____	_____	yes	no
11. _____	_____	_____	yes	no
12. _____	_____	_____	yes	no
13. _____	_____	_____	yes	no
14. _____	_____	_____	yes	no
15. _____	_____	_____	yes	no
16. _____	_____	_____	yes	no
17. _____	_____	_____	yes	no
18. _____	_____	_____	yes	no
19. _____	_____	_____	yes	no
20. _____	_____	_____	yes	no
21. _____	_____	_____	yes	no
22. _____	_____	_____	yes	no

**\*NO ATHLETES OVER AGE 19 PERMITTED\***

**\*\*ATHLETES MUST BE ATTENDING OR ENROLED FOR THE UPCOMING SEMESTER TO ATTEND HIGH SCHOOL TO WRESTLE IN THIS DIVISION\*\***

# AMERICAN INDEPENDENCE DUALS

## ATHLETES WAIVER AND RELEASE FORM

Athletes Name: \_\_\_\_\_

Athletes Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent or Guardian E-mail: \_\_\_\_\_

Athletes Team: \_\_\_\_\_

Athletes Coach: \_\_\_\_\_ Coach's Cell Phone: \_\_\_\_\_

As Parent/Legal Guardian of my child/ward, \_\_\_\_\_, I hereby, grant permission for him/her to participate in the American Independence Duals, and therefore, agree to hold harmless and release the American Independence Duals, National United Wrestling Officials Organization, Inc., the Orange County Convention Center, the Florida County of Orange, and any of the commissioners, directors, officers, management, staff, employees, hires, agents, licensees, contractors, vendors, representatives and volunteers of those listed of any form of legal liability whatsoever, including from but not limited to injury, illness, and medical or healthcare issues. I further recognize and accept that participation in the sport of wrestling is dangerous in nature, and participation may result in severe injury and/or death. I congruently, hereby, grant permission to my child's/ward's team coach to authorize minimal noninvasive emergency medical treatment as may be required until such time that I as parent /guardian may be reached for medical decisions. I further recognize and accept full responsibility to pay for all expenses incurred to perform medical treatment due to illness and/or injury to my child/ward during their participation in the American Independence Duals.

\_\_\_\_\_  
Signature of Authorized Parent or Legal Guardian