



**2017-2018 BEAT THE STREETS WRESTLING: PARENT AUTHORIZATION AND WAIVER**

Wrestlers First Name:	Last Name:	Birth Date:	Gender:
School:	Class Year:		
Shirt Size: YS YM YL AS AM AL AXL	Short Size: YS YM YL AS AM AL AXL	Shoe Size:	
Student E-Mail:			
Ethnicity: <input type="checkbox"/> American Indian, <input type="checkbox"/> Asian, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Hispanic/Latin, <input type="checkbox"/> Native Hawaiian/Pacific Islander, <input type="checkbox"/> White, <input type="checkbox"/> Other			
Home Street Address:			Apt. #:
City:		State:	Zip:
Parents Name:		Parent E-mail:	
Cell Phone:		Home Phone:	
<b>In an emergency when parent/guardian cannot be reached, please contact the following:</b>			
Name:	Phone 1:	Phone 2:	
Please list any allergies the wrestler has:			
Is the wrestler currently on any medication? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, list:			
Has the wrestler been diagnosed with a concussion? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, when and how severe?			
Please list other medical conditions:			

**General Consent:**

I hereby give my consent for the above-named wrestler to participate in any and all Beat The Streets (BTS) programming including but not limited to training sessions, workshops, events, and competitions as part of the BTS 2017 Season from September 1<sup>st</sup> 2017 – August 31<sup>st</sup> 2018. I further give my consent for the above-named wrestler to travel to BTS programming, both in and out of the city, and ride on BTS provided transportation including but not limited to cars, vans, buses and with one of our coaches in a private automobile. I recognize the possibility of physical injury associated with wrestling, which may include but is not limited to paralysis, permanent mental disability, and death, and hereby release, discharge, and otherwise indemnify Beat the Streets Wrestling Inc., the employees and associated personnel of the organization, and affiliated organizations against any claim by or on behalf of the wrestler named above as a result of that wrestler's participation in Beat the Streets programs and/or being transported to or from the same. I hereby give my consent to have an athletic trainer, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the wrestler with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the wrestler to a medical treatment facility should an individual listed above consider it to be warranted.

**Media Consent:**

I hereby authorize the use of the above-named wrestler's name and image in promotional publications for BTS, including but not limited to the btsny.org website, Facebook, Twitter, Instagram, and other internet based media.

**Data Release Consent:**

I give Beat The Streets and SportUp/UpMetrics, a BTS partner organization with a mission to improve youth development outcomes, permission to collect the above-named wrestler's identifiable student level data from his/her school, school district and NYC Department of Education. This data includes grades, attendance, ELA and Math test information, student perception survey, enrollment, biographic, course and credit, fitness and graduation outcomes for the years of 2009-2010 through 2024-2025.

This data and study should benefit the students and schools involved, in particular, evaluating the impact of after-school programs on students' school participation, grades and behavior. I understand that this information will be used solely for evaluation purposes and will only be included in reports in aggregate form. Any questions about the study should be directed to Brendan Buckley, Executive Director of Beat The Streets, at 212-777-5702. I understand that agreeing to provide access to the above-named wrestler's data is voluntary and I may still register my child for Beat The Streets without participating in the survey. If this box  is checked, I would not like to participate in this study

By signing below, I acknowledge that I have read, understand, and accept the above contractual agreements.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relation to Wrestler:**  Father  Mother  Guardian