



Wrestling Questionnaire

(Attach to an Acord Application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

- 1) What styles are instructed? Folk style Freestyle Greco

- 2) Is your club sanctioned? Yes No
 If yes, by whom? _____

- 3) What equipment do you provide? _____

- 4) Are the facilities inspected before every session? Yes No

- 5) In the event of unsafe facility conditions, who has the authority to cancel the event? _____

- 6) Are the following required?

Head gear	<input type="checkbox"/>	Wrestling shoes	<input type="checkbox"/>
Knee pads	<input type="checkbox"/>	No jewelry, rings, or watches worn	<input type="checkbox"/>

- 7) The following guidelines must be met in order to be eligible for coverage:

Mats in good condition and joined securely by mat tape.	<input type="checkbox"/>
Participants must wear headgear and wrestling shoes.	<input type="checkbox"/>

For the purposes of weight reduction, the following will be strictly prohibited:

The use of sweat boxes; hot showers; whirlpools; rubber, vinyl, and plastic type suits or similar artificial heating devices; diuretics and/or other weight loss drugs.

The insured will obtain a **signed waiver form** from all participants (or parent/guardian, if participant is a minor). The waiver must contain a specific acknowledgment to be signed by the participant warning of the dangers of extreme weight loss efforts. Sample wording on the waiver form: "I understand there is a risk of permanent injury and/or death arising out of extreme weight loss efforts." Please submit a copy of the waiver form you will use along with this application.

- 8) Describe any weight training equipment used by or available to participants: _____

(This can be included with a **Sports Camp** or a **Sports League Questionnaire**)