Registration & Waiver Form

Prefer paper? Fill this out by hand and bring it to practice or hand it to a coach.

Are you a returning veteran? Yes ■ No ■ **Number of years' experience** **Weight (lbs)**

WRESTLER INFO

Wrestler's Last Name **First Name** **Date of Birth** **Gender M ■ / F ■**

Parent or Legal Guardian Name

Wrestler's Street Address

Wrestler's Mailing Address (if different)

Parent's Phone # **Work Phone #** **Cell #**

Parent's Email Address

WRESTLER EMERGENCY MEDICAL INFO

List any medical problem or prohibition wrestler may have

If any medical problem or prohibition, what precautions can be taken?

In case of an emergency, whom do we notify? **Phone**

Doctor to notify in an emergency **Phone**

Hospital Preference

MEDICAL TREATMENT CONSENT

I hereby give my consent for all medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my child.

PARENT / TEAM AGREEMENT

With your signature this form registers your child with Calaveras Youth Wrestling. You also agree to return all issued singlet gear at the end of the season. If you fail to do this you will be financially liable for its replacement at full and current cost.

DECLARATION OF REGISTRATION INFORMATION

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I understand that any false information given is a direct violation of eligibility rules. Any violation could result in disqualification from the club.

I AGREE WITH THE ABOVE Medical Treatment Consent, Parent/Team and Equipment Agreement, and Declaration of Registration Information.

Signed (Parent or Legal Guardian) **Date**

Permission Slip & Insurance Verification

Participants will be taking part in practice activities which involve the possibility of physical injury. As a parent/guardian, your knowledge and authorization of the following areas is required.

The school/club does not provide insurance coverage. It is each family's responsibility to provide insurance for their child.

PERMISSION SLIP / LIABILITY RELEASE

My child **is in grade** **at school**

...has permission to participate in the Calaveras Youth Wrestling program. I hereby certify that my child does not have any medical conditions that limit or prevent his/her safe participation in these activities. In case of an accident, I waive my right to proceed with legal action against the school, school board, principals, coaches, School District, and the youth wrestling organization.

Parent or Guardian Signature **Date**

MEDICAL CONSENT

I hereby give my permission, in the event of injury or illness, for the authorities present to administer or obtain first aid. If I cannot be contacted, I grant permission for the notification of a doctor and the obtaining of emergency treatment when needed.

Parent/Guardian Signature **Date**

CONTACT NUMBERS

Mother's Work **Mother's Cell** **Mother's Home**

Father's Work **Father's Cell** **Father's Home**

Emergency Contact Name **Emergency Contact Number**

Family Physician Name **Physician Phone**

VERIFICATION OF INSURANCE

My child is covered by health insurance. I understand that the participating school/club does not provide health insurance and that such coverage is the responsibility of the parent/guardian.

Insurance Carrier **Policy Number**

Parent/Guardian Signature **Date**

Code of Conduct

All coaches, parents (including other spectators with them), and wrestlers must agree to abide by our Code of Conduct outlined below. Failure to do so may result in a warning, suspension, or expulsion.

PARENTS' CODE OF CONDUCT

- I/We will not yell at or argue with coaches or referees.
- I/We understand that improper behavior at a practice or tournament may result in a parent being asked to leave by the referee, coach, or a CYW board member.
- I/We will not behave negatively at practice or tournaments and will treat coaches, opposing teams' parents, and opposing players with respect.
- I/We will learn the rules of the sport and the policies of CYW.
- I/We will encourage good sportsmanship by demonstrating positive support for all wrestlers, coaches, and officials at every tournament, practice, or event.
- I/We will never use profanity.
- I/We will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I/We will support coaches, officials, and referees working with my child.
- I/We will demand a sports environment free of drugs, tobacco, and alcohol at all youth sports events.
- I/We will remember that the matches are for children, not adults.
- I/We will ask my child to treat other wrestlers, coaches, parents, officials, referees, and fans with respect, regardless of race, sex, creed, or ability.
- I/We shall leave the coaching to the coach during matches, cheering from the bleachers and refraining from being on the mat.

PLAYERS' CODE OF CONDUCT

I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by adhering to the following:

- I will encourage good sportsmanship from fellow wrestlers, coaches, officials, and parents at every tournament and practice.
- I will attend every practice and tournament that I can, and will notify a coach and/or board member if I cannot.
- I will do my very best to listen and learn from my coaches and experienced wrestlers.
- I will treat my coaches, other wrestlers, officials, and fans with respect regardless of race, sex, creed, or abilities, and expect to be treated accordingly.
- I deserve to wrestle in an environment free of drugs, tobacco, and alcohol.
- I will encourage my parents to be involved with my team in some capacity.
- I will do my very best in school. My grades could determine participation in practice and tournaments.
- I will remember that participating in sports is an opportunity to learn and have fun.

Parent Signature **Player Signature**

Parent Agreement Form

The following rules and procedures apply.

Use the designated door for entrance and exit. Use the tub to clean shoes. Wrestling shoes are to be removed when exiting the wrestling room.

Wrestlers should bring their own water.

Due to health and safety liabilities, no sick kids with infectious and/or contagious conditions will be allowed to practice. All open sores should be covered sufficiently and will be inspected by a coach.

Good hygiene is required.

As a safety precaution and due to the large number of wrestlers, parents may be asked to stand or wait in a designated location during practice.

Good behavior is required. The Head Coach can sit a wrestler out for a portion or all of the practice if necessary.

Drop off wrestlers 10 minutes before 6pm so they can be ready to start practice at 6pm. No one is allowed in the practice room until a CYW coach allows.

Practices will be Tuesday, Wednesday, and Thursday, unless notified by a Board Member or coach. Pick up your wrestler promptly after practice — we will not be responsible for chaperoning your child.

Everyone must adhere to the CYW By-Laws and Rules Section 2, “Adults, parents, guardians, and all other adult volunteers.”

Parents must volunteer to help during the Calaveras Tournament or will forfeit the $50 deposit so the club can hire someone to cover their time.

Wrestler Name

Parent Signature **Date**