CALAVERAS YOUTH WRESTLING REGISTRATION FORM

3.				
	Weight			
WRESTI	ER INFO:			
Wrestler's La	st Name:	First Name:	DOB:	MALE or FEMALE
Parent or Leg	al Guardian Name:			
Wrestler's Str	eet Address:			
Wrestler's Ma	niling Address:			
Parent's Phon	e#	Work Phone #	Cell #	
Parent's E-M.	AIL ADDRESS:			
WRESTI	ER EMERGENCY MEDI	CAL INFO:		
List any medi	cal problem or prohibition wrestler mag	y have:		
If any medical	problem or prohibition, what precauti	ons can be taken?		
In case of an e	mergency, whom do we notify?		Phone:	
Doctor to Not	fy in an emergency;		Phone:	•
Hospital Prefe	rence;			
MEDICA	L TREATMENT CONSE	NT:		
hereby give breserve life, leader the parent of the information of the information of the information.	my consent for all medical care prescrimb, or well being of my child. / TEAM AGREEMENT eature this form registers your child will be financially liable for its replacementation of REGISTRATIC control of the provided by me or any other prescription.	ribed by a duly licensed doctor of medicing the the Calaveras Youth Wrestling. You als ent at full and current costs.	o agree to return all issued singlet at the	end of the season. If you fail to

Youth Wrestling Club

Permission Slip/Liability Release Form Medical Consent Form/Verification of Insurance Coverage

Participants in the Youth Wrestling program will be participating in practice activities which involve the possibility of physical injury.

As a parent/guardian of a participant, your knowledge and authorization of several areas is required:

- 1. A statement confirming your permission for your child to participate. This statement also attests to your child's health in order to allow his/her participation. This first statement also contains a statement of liability release.
- 2. A medical consent form authorizing treatment in the event of injury.
- 3. A verification of individual insurance coverage for you child. THE SCHOOL/CLUB DOES NOT PROVIDE INSURANCE COVERAGE. IT WILL BE EACH FAMILY'S RESPONSIBILITY TO PROVIDE INSURANCE FOR THEIR CHILD.

Permission Slip/Liability Release Form

My child,	, in	grade at
	School has permission to par	rticipate Calaveras Youth Wrestling program.
		tions that limit or prevent his/her slaafe participation
		proceed with legal action against the school, school
board, principals	s, coaches, and School District, and the youth w	restling organization.
Date Parent or C	Suardian Signature .	
	Medical Con	isent
I hereby give my contacted, I gran	y permission in the event of injury or illness for at permission for the notification of a doctor and	the authorities to administer or obtain first aid. If I cannot the obtaining of emergency treatment when needed.
Date Parent/Gua	rdian Signature	
	Contact Nun	ibers
	(Mother's Work)	(Father's Work)
	(Mother's Cell)	(Father's Cell)
	(Mother's Home)	(Father's Home)
	(Emergency Contact Name)	(Number)
	(Family Physician Name)	(Number)
	Verification of In	isurance
My child,	, is covered	by health insurance. I understand that the participating
schools do not p	rovide health insurance and that such coverage	is the responsibility of the parent/guardian.
	(Insurance Carrier)	(Policy Number)
		Date Parent/Guardian Signature

CODE OF CONDUCT

All coaches, parents (Note: parents are signing for and including other spectators that are there "with them") and wrestlers must agree to abide by our Code of Conduct, which is outlined here within. 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 the room by the referee, coach or a CYW board member so the coach does not receive a warning or even being asked to leave due to the actions of the parent spectator.
- I/We will not behave negatively at practice or tournaments and I will treat coaches, opposing team's 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 other youth sports 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 in order to encourage a positive and enjoyable experience for all.
- I/We will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- I/We will remember that the matches are for children, and not adults.
- I/We will do my very best to make youth sports fun for my child.
- 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 promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching or providing transportation.
- I/We shall leave the coaching to the coach during match. We shall do our best not to give our child instructions during the match. We will cheer from the bleachers and will refrain 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 by demonstrating good sportsmanship.
- 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 I will expect to be treated accordingly.
- I deserve to wrestle in an environment that is free of drugs, tobacco and alcohol, and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it's important to me.
- I will do my very best in school. My grades could determine participation in practice

	and tournaments. I will remember that participating	opportunity to learn and have fun.	
X	Parent	X	Player

Calaveras Youth Wrestling

Parent Agreement Form

The following rules and procedures apply:

Use the designated door for entrance and exit. Use the tub to clean your 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 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 6**pm so that 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. Be on time! 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 be willing to forfeit the \$50 deposit of \$50 so the club can hire someone to cover your time.

Wrestler name			
Parent signature	(1-1		