



**COAST WRESTLING ELITE ACADEMY REGISTRATION FORM**

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**Parent/Guardian 1 Information (this address is expected to be the same as the participant's):**

Last Name:		First Name:	
Street Address:			
City:		State:	
			ZIP:
Phone (H):		Phone (W):	Phone (M):
Email			

CWA will communicate with parents via the website and email. It is important that you provide all email addresses you would like to be contacted at and that you set any spam filters on your home computer to accept emails from coastwrestlingacademy.com.

**Basic Participant (child) Information:**

Last Name:		First Name:	
Address – Indicate 1:	Same as Parent/Guardian 1		
Email			

Sex:	M F	Date of Birth:		Age on 09/1 of Current Year:		Weight:	
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Known medical conditions and medications (only list those important to the coaches):	
Care Card No.	

**Emergency Contact Information<sup>3</sup>- Minimum of 2 required; <sup>3</sup>You may indicate if it is the same as a parent/guardian above by entering "Parent 1" or Parent 2" in the Full Name field;**

<b>1</b>	Full Name:		Relationship:	
	Home Phone:		Work Phone:	Mobile Phone:
	Email (Primary):		Email (Secondary):	

<b>2</b>	Full Name:			Relationship:		
	Home Phone:		Work Phone:		Mobile Phone:	
	Email (Primary):			Email (Secondary):		

**Other Information**

Current School:			Expected High School:			
Prior wrestling experience:		Prior results(s):				
School			Last Team:		Last Weight Class:	

**Preferred Academy Volunteer Activity – Select one or more options**

Admin Assistant	Team Parent	Driver
Website	Marketing	Fundraising

**Payment Information**

1.	Registration Fee : (Elementary Under 13yrs: \$1260) (High School 14+: \$1515)	\$
2.	Make a Donation to Coast Wrestling Academy	\$
3.	Training Package	\$50
4.	Family Membership Fee	\$50
5.	Bcwa fee (covers \$5 Million Liability Insurance, \$2 Million Sport Accident Insurance )	\$INCL
<b>Total:</b>		<b>\$</b>

Checks should be made payable to "Coast Wrestling Academy":



**Please refer to our website ([coastwrestlingacademy.com](http://coastwrestlingacademy.com)) for detailed information regarding optional equipment purchases available, refund policies, age/weight, calendar of events, and much more!**



**COAST WRESTLING ACADEMY**

**REGISTRATION FORM (Page 2)**

**Agreement**

By signing below, the parent or guardian certifies that they have read and agree to the following: 1. I certify that I am a legal parent or guardian of the above named participant. 2. I grant permission to my child or ward to become a member of Coast Wrestling Academy and assume all risks and hazards incidental to Wrestling participation, including transportation to and from activities. 3. I agree to perform volunteer duties for the Academy as identified above. 4. I agree to support (i.e. volunteering, cheering, and showing good sportsmanship) my child's team, including his/her Coaches, the Team Parent, other players, and other player's parents. 5. I grant permission to Coast Wrestling Academy and officials to consent to emergency treatment for my child until a legal guardian can be contacted. 6. I understand Coast Wrestling Academy does not carry accident insurance. 7. I agree to be notified of any parent/guardian meetings electronically. 8. I agree to return all equipment issued by Coast Wrestling Academy at the end of the season, or at the end of my child's participation, whichever occurs first, and to pay the replacement cost for any equipment not returned. 9. I agree to abide by the BCWA Code of Conduct.

**Parent or Guardian  
Signature:**

**Date  
Signed:**