

2019/2020 Coast Wrestling Society & Academy Registration Forms

Returning clients will need to complete and sign waivers each year

Full - time Academy Registration form

Mini Wrestlers ages 4 -6 years old (Annual fee \$910.00)

Fee includes sessions from Sept - Aug (10 months), \$50 uniform fee, \$50 family membership fee and \$10 BCWA fee (covers \$5 Million Liability Insurance, \$2 Million Sport Accident Insurance).

Elementary school kids ages 5 - 13 years old (Annual fee: \$1,310.00)

Fee includes sessions from Sept - Aug (10 months), \$50 uniform fee, \$50 family membership fee and \$10 BCWA fee (covers \$5 Million Liability Insurance, \$2 Million Sport Accident Insurance). Athletes turning **14 yrs old within Calendar year (any time before Dec 31st) will fall under the high school category below.**

High school kids ages 14 - 18 (Annual fee: \$1,565.00) Fee includes sessions from Sept - Aug (10 months) \$50 uniform fee, \$50 family membership fee and \$25 BCWA fee (covers \$5 Million Liability Insurance, \$2 Million Sport Accident Insurance).

ALL POST DATED CHEQUES FOR THE SEASON, FROM SEPT - JUNE \$25 NSF fee for bounced cheqs

Credit card option is available with our online registration) MUST BE HANDED IN BEFORE YOUR CHILD GETS ON THE MAT

Cheques should be made payable on the 1st of each month to

'Coast Wrestling Academy'

First Name:	Last Name:
Sports:	Birth Date (M/D/YY):/Gender:Age:
Current Club:	Current School
Address:	City:
Province:	_Postal Code: Phone: ()
Cell Phone: ()Email:
Parents' Names:	
How did you he	ar about Coast Wrestling?



I HEREBY AGREE TO BE AN ACTIVE COAST WRESTLING SOCIETY MEMBER

DATE	Signature of Ap	plicant
Affiliated with: WAIVE	R CLAUSE – Must Be Signed	By All Clients/Athletes/Guardians
WAIVER INDICATES YOU ARE WATHLETE. IF YOU ARE UNWILL	VILLING TO ASSUME ALL TH LING TO ACCEPT THESE TO , DO NOT ACCEPT THE TER	RTICIPATION AS A CLIENT/ATHLETE. THIS IE RISKS OF YOUR PARTICIPATION AS AN ERMS AND RELEASE COAST WRESTLING MS CONTAINED HEREIN. IN WHICH CASE STLING SOCIETY OR COACHES.
RELEASE, WAIVE, COVENANT COAST WRESTLING SOCIETY B AND CAUSES OF ACTION WI PROPERTY DAMAGE OR OTHE PARTICIPATION IN ANY OF THE	NOT TO SUE, EXONERATE, HARMLESS FROM ANY AHATSOEVER WITH RESPECTED IN THE RESULTED FOR ACTIVITIES AND TRAIN	MITTED BY LAW, I HEREBY FOREVER TE, DISCHARGE AND AGREE TO HOLD AND ALL LIABILITY, CLAIMS, DEMANDS, CT TO ANY INJURY, ILLNESS, DEATH, I DIRECTLY OR INDIRECTLY, FROM MY ING WITH COAST WRESTLING SOCIETY EASED PARTIES OR OTHERWISE.
Coast Wrestling Society may wis capture my name, image and like acknowledge that any of the Rele	h to take photographs, video, ness ("Images"), either indivi- ased Parties may wish to use nwithin the sports awarenes	acknowledge that, from time to time, audio or other recordings which may dually or as part of a group. I further such Images, both internally and externally as and wellness, educational area where
ACCEPTING, THE TERMS H against Coast Wrestling Societ proceedings.		ce for drugs, alcohol and slander result in termination or legal
Date:	Signature:	
Parent / Guardian Consent (if a	uthlete is under 19 years of ag	e)
	, ,	,
As a client in <i>Coast Wrestling Soc</i> directors, officers, coaches, emploactions, damages, claims, demand traveling to or from or participatin negligence of a Participant. I agree representatives, successors and as	ciety BC, I forever release and oyees and agents (collectively ds, costs and expenses whatsong in training sessions or come to indemnify and save harm ssignees, against all damages, or made against them by or or	KNOWLEDGEMENT OF RISK It discharge <i>Coast Wrestling Society BC</i> , its the 'participants') from any and all ever which might arise by reason of apetitions, whether or not incurred by the alless the participants, their personal claims, demands, costs and expenses a behalf of myself/my childexcept to the both.
Date:		Date:
Name:		Witness:
Signature:(Guardian signature if under 19		Signature:



PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT

Provincial Health #	(optional – at own risk of disclosure)
Family Doctor:	Dr. Phone:
Emergency contact:	
Phone: (Cell Phone: (
I,(pa	arent or guardian) authorize an adult representative of <i>Coast</i>
Wrestling Society BC to act on my b	behalf, if I cannot be located, to provide consent for medical or
surgical treatment for	(athlete's name) for any condition which in the
doctor's opinion would be adversely	affected by undue delay.
Signature:	



Coast Wrestling Society BC

ATHLETE/PARENT CODE OF CONDUCT

Coast Wrestling Society BC has a history of providing an overwhelmingly positive sportsmanship environment for our athletes and families. Our program is bigger than any one Coach, Athlete, Parent/Guardian or Spectator.

As a Coast Wrestling Society supporter, we require the following behavior at our practices and Competitions:

- 1) Encourage members from any other Club.
- 2) Keep all comments positive.
- 3) Only athletes, coaches and designated volunteers are allowed on the field of play (wrestling Mat) zones. No exceptions.
- 4) Leave the coaching to the coaches. If you have suggestions or would like to coach, please contact the Coast Wrestling Coaching Coordinator.
- 5) Criticizing the officials, coaches, other competitors or fans will not be tolerated at all. Abusive language or cursing will also not be tolerated. This is youth sports; everyone makes mistakes.
- 6) Be supportive: creating unnecessary drama or stirring controversy is grounds for dismissal from the program.
- 7) Do not beg or suggest calls to the officials or coaches.
- 8) You are responsible for all family members and friends attending the practices/tournaments.
- 9) No open alcoholic beverages or smoking on the training premises or parking areas.
- 10) Report any violations to Head Coach or President/Vice President.
- 11) Help make this a positive and fun experience for all participants and supporters.

Enforcement:

- 1) Individuals will be given one warning for inappropriate activity.
- 2) Individuals that continue will be asked to leave the premises, followed by 48hrs no contact and/or 2 week suspension.
- 3) Other sanctions as deemed necessary by the president or board may be enforced.

Name of Athlete:	
Parent/Guardian Signature: _	
Date:	