

# Coast Wrestling Academy 2019/2020 Registration Form

## Elementary Athletes Grades 1-7 (ages 6 - 13\*)

\*Athletes turning 6 years old within calendar year of registration (before Dec 31) will fall under the elementary category; those turning 14 years old before Dec 31 fall under the high school category

- New Member  
 Returning Member (*Returning members will need to complete and sign waivers each year*)  
BC Wrestling Association Membership # \_\_\_\_\_

### Fees:

Society Family Membership Fee \$50  
Practice T-shirt Fee \$50 sold in set of 3    Size: \_\_\_\_\_ Qty: \_\_\_\_\_ + \_\_\_\_\_  
- T-shirt order is optional after first year  
**Total** \_\_\_\_\_

### Payment Options

- Lump Sum  
 Monthly Payments post dated cheques for 1st of the month  
- Cheques made payable to Coast Wrestling Academy  
- \$ 25.00 fee for all NSF cheques

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_\_

Current High School \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Name \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name \_\_\_\_\_ Email: \_\_\_\_\_

**I HEREBY AGREE TO BE AN ACTIVE COAST WRESTLING SOCIETY MEMBER**

**DATE** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

\*Please email [info@coastwrestlingacademy.com](mailto:info@coastwrestlingacademy.com) to schedule your first practice (day/time) and submit the completed registration forms and payment.

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**Affiliated with: WAIVER CLAUSE – Must Be Signed By All Clients/Athletes/Guardians**

**IN THE EVENT THAT YOU MAY BE HURT DURING YOUR PARTICIPATION AS A CLIENT/ATHLETE. THIS WAIVER INDICATES YOU ARE WILLING TO ASSUME ALL THE RISKS OF YOUR PARTICIPATION AS AN ATHLETE. IF YOU ARE UNWILLING TO ACCEPT THESE TERMS AND RELEASE COAST WRESTLING SOCIETY BC OF ALL LIABILITY, DO NOT ACCEPT THE TERMS CONTAINED HEREIN. IN WHICH CASE YOU WILL NOT BE AUTHORIZED TO TRAIN WITH COAST WRESTLING SOCIETY OR COACHES.**

**WAIVER AND RELEASE:** TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY FOREVER RELEASE, WAIVE, COVENANT NOT TO SUE, EXONERATE, DISCHARGE AND AGREE TO HOLD **COAST WRESTLING SOCIETY BC**, HARMLESS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER WITH RESPECT TO ANY INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR OTHER LOSS THAT MAY RESULT DIRECTLY OR INDIRECTLY, FROM MY PARTICIPATION IN ANY OF THE ACTIVITIES AND TRAINING WITH **COAST WRESTLING SOCIETY BC**, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

**ACCEPTING, THE TERMS HEREUNDER:** Zero tolerance for drugs, alcohol and slander against Coast Wrestling Society BC or staff which could result in termination or legal proceedings.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent / Guardian Consent** (if athlete is under 19 years of age)

**COAST WRESTLING SOCIETY SAFETY / ACKNOWLEDGEMENT OF RISK** As a client in *Coast Wrestling Society BC*, I forever release and discharge *Coast Wrestling Society BC*, its directors, officers, coaches, employees and agents (collectively the ‘participants’) from any and all actions, damages, claims, demands, costs and expenses whatsoever which might arise by reason of traveling to or from or participating in training sessions or competitions, whether or not incurred by the negligence of a Participant. I agree to indemnify and save harmless the participants, their personal representatives, successors and assignees, against all damages, claims, demands, costs and expenses which may hereafter be brought or made against them by or on behalf of myself/my child--except to the extent and amount covered by accident or liability insurance or both.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ **Parent / Guardian Consent** (if athlete is under 19 years of age)

**PHOTO CONSENT, AUTHORIZATION AND GRANT:** I acknowledge that, from time to time, Coast Wrestling Society may wish to take photographs, video, audio or other recordings which may capture my name, image and likeness (“Images”), either individually or as part of a group. I further acknowledge that any of the Released Parties may wish to use such Images, both internally and externally such as website, posters and so on --within the sports awareness and wellness, educational area where Coast Wrestling Society is involved.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**MUST BE HANDED IN BEFORE YOUR CHILD GETS ON THE MAT**

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**PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT**

Provincial Health # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian) authorize an adult representative of **Coast Wrestling Society** to act on my 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: \_\_\_\_\_ Date: \_\_\_\_\_

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## ATHLETE/PARENT CODE OF CONDUCT

**Coast Wrestling Society 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). No exceptions.
- 4) Leave the coaching to the coaches. If you have suggestions or would like to coach, please contact the Coast Wrestling Head Coach.
- 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: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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