Lewis County Youth Wrestling

Youth who are no more than 12 years of age and who have not entered the seventh grade are invited to participate in the Lewis County Youth Wresting program.

Wrestling can be an exciting sport for a young person. It helps to boost self-confidence, develop athleticism and teach discipline, sportsmanship, and a winning attitude. Since wrestling is primarily an individual sport, it may also teach athletes how to properly handle a loss. Wrestling is a sport, and like football, basketball, soccer, and other sports, injuries can occur. Parents should remember this when enrolling their child into an activity. Wrestling is an organized activity where referees and coaches strictly enforce rules of safety and good sportsmanship.

A physical is required for participation.

Those who desire to participate should bring this form to the Lewis County Wrestling building on Oct 28th at 6pm during the first practice of the season. Parents should bring paperwork along with their registration fee. The ’24-’25 registration fee has been set by the LCYW board at $100 for your first child and $85 for any additional children. Checks can be made to Lewis County Youth Wrestling. Please contact Coach Kenny Lowther if financial assistance may be needed. All Coalfield tournaments, Regionals, and States will be paid by the association for the ’24-’25 season.

For further information, please contact Head Coach Kenny Lowther at (304)476-8787 or Program President Tiffany Lowther at (304)476-4386.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_ lbs.

I certify that I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that the Lewis County Junior Wrestling program carries a secondary insurance policy. This means that the LOW Insurance only pays after your insurance has paid. It is recommended that you have accident insurance for your child's protection. I understand that if I do not have accident insurance for my child, that I will be solely responsible for ALL medical expenses incurred by my child. I have read the above information presented and that I desire him/her to participate in the Lewis County Junior Wrestling program. I release all sponsoring bodies, their officers, members, committees, referees, directors, workers, and coaches from all injuries and liability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of parent/guardian)

Lewis County YOUTH Wrestling Medical Waiver

Wrestlers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is child presently on medication? **Yes No**

List Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOLD HARMLESS AND INDEMNITY AGREEMENT

*I, Parent or Guardian of the above named child, hereby give my consent to such child's participation in the authorized activities of the Lewis County Junior Wrestling Program. I understand that wrestling is an activity which involves bodily contact and that occasionally participants suffer some injuries. In consideration of the organizations permitting my child to participate in its programs, I agree to hold it, its coaches, officers or referees harmless from any claims for personal injuries that may result to the above named child in the course of his/her participating in the organization's activities, and to indemnify it in the event it is compelled to pay any claim thereon.*

*I, Parent or Guardian of the above named child, agree to provide or arrange transportation for my wrestler to all wrestling matches/tournaments, and to release the Lewis County Junior Wrestling organization from any responsibility for my child during transportation.*

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENTAL INSTRUCTIONS CONCERNING MEDICAL TREATMENT

Please read the 2 statements below and sign **ONLY** the 1 that you choose.

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are done on my child unless immediate treatment is necessary to save my child's life or to prevent permanent damage. I accept responsibility for all costs related to such treatments.

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR**

2. If my child needs medical treatment while participating, it is my wish that treatments begin while efforts are being made to contact me. I accept responsibility for all costs related to such treatments.

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lewis County Youth Wrestling

Our wrestling program is proud to announce its accomplishments and since we are a non- profit sport it helps to promote our program. Please read the following so that we may attempt to address your wishes.

Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ I give permission for my child to have his/her picture, individual or team picture, name mentioned, for purposes of representing the team. This includes any type of media.

\_\_\_\_\_\_\_\_\_ I do not wish my child to have his/her picture, individual or team picture, name mentioned, for purposes of representing the team. This includes any type of media.

It is the parent/guardians responsibility to notify us via written statement at the beginning of every tournament, or anywhere that the wrestling team is being represented if you do not wish your child to participate in any type of media. We are not responsible for others actions.

If this form is not returned to the team, it is assumed that permission is granted.

**I have read and understand the above**.

**Name of wrestler**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lewis County Youth Wrestling Team Rules**

By signing below, I acknowledge I have received, read and agree to abide by the Lewis County Junior Wrestling Team Rules.

**Parent/Legal Guardian Name (Print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Name (Print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent’s/Legal Guardian’s**