Club, Grapple Yukon & Wrestling Canada 2025/2026 Membership Registration

Complete, Print and Sign. Provide all information. **Membership Expires: 31 August 2026**

Circle ANSWER: 1. Member in 2024/5: YES or NO 2.Disabled: YES or NO 3.Aboriginal Descent: YES or NO

Surname:_____ First Name:_____ Middle Initial:____ Gender:☐M or☐F

Mailing Address:_____ City:_____

Postal Code:_____ Phone:_____ E-Mail:_____

Current Weight (Kg):_____ Weight Division (Kg):_____ Current Age: _____ Age Division:_____

Singlet size:_____ Club's Name:_____

Wrestling Canada Member #:_____ Date Of Birth (DD/MM/YYYY): _____/_____/_____

Circle: 1. Canadian Citizen 2. Permanent Resident 3. Landed Immigrant 4. Other (specify):_____

Role: (Rank 1 to 6 if applicable) ☐Athlete ☐Recreation ☐Coach ☐Technical Director ☐Referee ☐Volunteer

Circle applicable Club Membership type: ☐Full Season ☐ Half Season ☐ Monthly ☐Class ☐Other:_____

Circle Membership Category: ☐ Honorary ☐Senior (19yrs & older) ☐ Junior (18yrs & younger)

Awareness and Assumption of Risk

I am aware that Grappling (wrestling) involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of this ***Club***, ***Grapple Yukon & Wrestling Canada***, its directors, officers, staff, officials and volunteers, other participants and owners of the facilities where activities occur. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of this ***Club***, ***Grapple Yukon & Wrestling Canada*** accepting my application to participate in Grappling (wrestling) activities, I agree:

1. To waive any and all claims that may I have in the future against this ***Club***, ***Grapple Yukon & Wrestling Canada*** and others.
2. To release this ***Club***, ***Grapple Yukon & Wrestling Canada*** and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify this ***Club***, ***Grapple Yukon & Wrestling Canada*** and others from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.

Terms and Conditions of Membership

1. Your request for membership with this ***Club***, ***Grapple Yukon & Wrestling Canada*** *represents your agreement to abide by the rules & regulations of this* ***Club***, ***Grapple Yukon & Wrestling Canada***, *including but not limited to by-laws, policies, procedures & codes of conduct.*

2. As member of this ***Club***, ***Grapple Yukon & Wrestling Canada*** *you agree that you will submit to a criminal records review, upon request.*

3. To allow the use of my name, photographic image, and relevant personal information for the promotion of Grappling (wrestling) in the media, Grappling (wrestling) related publications & websites, and for use by governing Grappling (wrestling) associations, when deemed appropriate by this ***Club***, ***Grapple Yukon & Wrestling Canada***.

4. Aboriginal Descent and Disabled status information is collected solely to assist this ***Club***, ***Grapple Yukon & Wrestling Canada*** *in applying for additional funding opportunities. Citizenship status is collected solely to assist in determining Wrestling Canada membership category and potential to be on Team Canada.*

5. Minimum and Maxium age to be a member is determined by the club president and/or head coach or applicable bylaws.

6. Categories of membership is defined in applicable ***Club***, ***Grapple Yukon & Wrestling Canada*** *bylaws.*

7. Your Grapple (wrestling) Yukon and Wrestling Canada membership is valid on the date the applicable fees are paid and valid from period 1st Sep this year to 31st Aug next year. (for example 1st Sep 2021 to 31st Aug 2022 or 2021/2022).

8. Consent to Grapple Yukon board & coach development permission to view coach's transcript and verify NCCP credentials.

_____

Name (print) / Signature of Applicant **Adult (19 years and older)** Name (print) / Signature of Club President

_____

Name (print) / Signature of Parent or Guardian Date admitted as member

For Club Use Only

Grapple Yukon & Wrestling Canada Fees: $_____ **Club** Fees: $_____ Membership Date Paid:_____

Attention: attached Medical Summary Form must be completed. Initials:_____ version 2024

* Use of high quality mouth guards are recommended during competition and other forms of sparring.
* L'utilisation d'un protège buccal synthétique de qualité est recommandée lors de la compétition et autres formes d'entraînement.

Revised / Révision
16/01/2009

MEDICAL SUMMARY FORM
FORMULAIRE DU SOMMAIRE MÉDICAL

* Information to be used for medical screening and emergency.
* L'information ne sera utilisée que pour dépistage ou en cas d'urgence médicale.

Personal Information
Renseignements personnels

Family name – Nom

Name – Prénom

Address – Adresse

City – Ville

Territory

Postal code - Code postal

DJ / MM / YYAA
D.O.B. - Date de naissance

( ) -
Phone # Téléphone

Male ☐ Homme Female ☐ Femme
Gender – Sexe

Age division
Division d'âge

Weight category
Catégorie de poids

Territory of registration
Province d'affiliation

Judo Canada

Emergency Contact
Personne à contacter en cas d'urgence

Emergency contact name - Nom et prénom

Relationship - Lien de parenté

( ) -
Home phone # - Téléphone à la maison

( ) -
Work phone # - Téléphone au travail

Significant injuries or treatments in the last 6 months
Blessures ou traitements importants dans les 6 derniers mois

Details
Détails

Medical Information
Renseignements médicaux

Medicare # Assurance maladie

Territory

DJ / MM / YYAA
Expiry date d'expiration

Blood type - Type sanguin

	N	Y - O
Do you wear glasses/contacts? Portez-vous des lunettes/verres correcteurs?	☐	☐
Medication - Médication	☐	☐
Details		
Allergies	☐	☐
Détails		
Recent weight loss - Perte de poids récente	☐	☐
Kg		
Recent concussion - Commotion récente	☐	☐
Date DJ / MM / YYAA		

Medical History
Problèmes médicaux

	N	Y - O
Head injury - Blessure à la tête	☐	☐
Seizure/Convulsion - Convulsion	☐	☐
Heart problems - Troubles cardiaques	☐	☐
High blood pressure - Haute tension	☐	☐
Blood problems/Bruising - Problèmes sanguins/Ecchymoses	☐	☐
Asthma - Asthme	☐	☐
Diabète	☐	☐
Menstrual problems - Problèmes menstruels	☐	☐
Abdominal problems - Problèmes abdominaux	☐	☐
Heat/Dehydration Bouffées de chaleur/Déshydratation	☐	☐
Anaphylaxis - Anaphylaxie	☐	☐
Skin disorders/lesions Problèmes cutanés/lésions	☐	☐

If yes - Si oui …

Details
Détails

Athlete signature – Signature de l'athlète

Witness - Témoin

Parent signature (if under 18) – Signature d'un parent (si moins de 18 ans)

Date