

**APPLICATION FOR COLCHESTER YOUTH WRESTLING MEMBERSHIP**

Intro \$110 (Tues/Thurs Practices through Jan 14<sup>th</sup> – Can be converted to Full Membership at any time for \$30)  
 Full Season \$140 (Mon, Tues, Thurs for the full season)  
(\$20 less for each additional sibling, no family cap)

Payment Method (mark "X"):  
 Check #: \_\_\_\_\_  
 Cash

Shirt Size (circle one):  
Youth S / M / L  
Adult S / M / L / XL / XXL

WRESTLER'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_

STREET & MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS (es): \_\_\_\_\_

CELL PHONE(s): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**Waiver and Release from Liability:**

1. I, \_\_\_\_\_ the undersigned, on behalf of myself, my heirs, and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers,, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision, or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and other losses to person or property,

including death, and that severe social and economic losses may also result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

**I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.**

The undersigned \_\_\_\_\_ does hereby represent that he/she is, in fact, the parent or guardian of

\_\_\_\_\_ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Print Name) (Relationship to Minor) (Date)

**CYW Parent Involvement Agreement:** Parent participation is vital to CYW's ability to maintain a high-quality, competitive program. By registering your child (ren) with CYW, you do so with the understanding that you must volunteer to assist in the operation of the organization (see volunteer activities listed below) during the upcoming season.

**Additional Assistance is needed with the following (please indicate all interested areas):**

- Beginner's Tournament Assistance – Our beginners tournament is the primary source of funds for our club but it takes a great deal of time and effort to hold a successful tournament so we need all the help we can get.
- Assist Merchandise Coordinator – help order and distribute Aim High Shoot Low T-shirts, singlets and merchandise; assist with photo day coordination
- Communications- draft articles about CYW activities, accomplishments, and wrestling results for publication in local newspapers and on CYW's website
- Team Photographer (production of Banquet DVD)
- Assistant Coach (no experience necessary; CYW will provide training & T-shirt) – assist with coaching at practices and tournaments (usually Sundays). *All coaches are required to have a USA Wrestling Coaches Membership card and submit to a background check per USA Wrestling policy. All new coaches must pass the National Youth Sports Coaches Association's Volunteer Coaches Training program. CYW will reimburse for associated costs.*

Signing below represents an understanding of my requirements as a CYW parent volunteer.

\_\_\_\_\_  
Parent Signature(s) & Date

*In addition to assisting with one or more of the above activities over the course of the season, those who are interested in serving on the Board of Directors are encouraged to become familiar with all aspects of the Club's operation by attending monthly Board meetings. Nominations to the Board may be made at CYW's Annual Meeting in February.*

### **CYW Expectations and Code of Conduct:**

CYW will not tolerate misbehavior or unsportsmanlike conduct from any wrestler **or family member**. Wrestlers are expected to remain in good academic standing and parents are at all times expected to demonstrate positive support for their child, all other wrestlers, coaches, officials and volunteers. CYW asks, that parents and siblings, watching practice, remain in the bleachers quietly and with the utmost respect to the teaching that is being done on the mat. If there are any disturbances, children playing in the gym, or other distractions, the coaches or board members will ask that parties be removed from the gym. Please read with your child the NYSCA's Parents' and Players' Code of Ethics found below and the USAW Safe Sport Policy on Misconduct, Abuse and Harassment found here:

<http://content.themat.com/AbuseandHarassmentPolicy.pdf>

### **Parent's Code of Ethics Pledge I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parents Code of Ethics Pledge.**

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sport events.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the NYSCA Coaches' Code of Ethics.
- I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

Please indicate below your understanding of CYW's expectations.

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*Parent/Guardian Signature & Date*

**CYW Photographic Authorization and Release Form:**

**AUTHORIZATION FOR PHOTOGRAPHS AND NAME**

I give permission for photographs of my child to be used in publications promoting CYW including placement on the Colchester Wildcats' website, in local newspapers and on CYW's private Facebook page.

I also consent to the placement of my child's name in local newspapers to publicize CYW events.

Parent/Guardian Signature \_\_\_\_\_

## CYW Medical History Questionnaire

Please complete the following questionnaire and include all relevant information we may need regarding the wrestler's medical history.

Athlete's Name: \_\_\_\_\_

Date of child's last complete physical examination by a medical doctor: \_\_\_\_\_

Please use the space below to provide your child's (wrestler's) medical history information. This should include any information that you feel is important for the club to be aware of including, but not limited to the following:

- ) Any previous concussions or head, back or neck injuries
- ) Any history of seizures, or neurological disorders
- ) Any history of diabetes, kidney, lung, liver issues
- ) Any history of blood diseases or disorders
- ) Any history of vascular issues, heart, lung or blood pressure
- ) Any history of orthopedic issues, significant broken bones or joint injuries (specifically to the shoulders or knees)
- ) Any history of significant corrective or emergency surgeries

Date (Month + Year)

Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does your child have any allergies or asthma? If yes, please specify \_\_\_\_\_

\_\_\_\_\_

**NOTE: If your child suffers from allergies or asthma, please ensure that an epi pen or inhaler are with them for all practices, tournaments and CYW functions.**

Please initial or Sign below as indicated:

All information on this form has been updated and answered completely and truthfully to the best of my knowledge. \_\_\_\_\_ (initial)

I have read and accept the club's policy (below) on disclosure of the medical information herein provided. \_\_\_\_\_ (initial)

I understand that the club may require the written approval of a doctor to be accepted as a member of CYW and to participate in wrestling or other club activities. \_\_\_\_\_(initial)

I agree to permit the medical professionals on hand at any tournament or club function to provide immediate medical attention to my child if they are injured during club activities. In addition, coaches or board members may provide basic first aid to my child including ice, bandages, etc. in the treatment of minor injuries. \_\_\_\_\_ (initial)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide contact information for another person who should be contacted and who can consent to medical treatment if an accident occurs and we are unable to reach you:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**DISCLOSURE POLICY:** The information provided will not be shared with anyone outside the club's board or coaches unless previously authorized by you or as may be necessary for the wrestler's treatment or care.