



**Colchester Wildcats
Youth Wrestling Club
P.O. Box 375
Colchester, CT 06415**



2009-2010 WRESTLING SEASON APPLICATION FOR MEMBERSHIP

<input type="checkbox"/> New/Intro (\$45) <input type="checkbox"/> Returning (\$65) <small>(note: \$5 less for each additional sibling)</small>	<u>Payment Method (mark "X"):</u> <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Shirt Size (circle one):</u> Youth S / M / L Adult S / M / L / XL / XXL
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NAME: _____ HOME PHONE: _____
 DATE OF BIRTH: _____ AGE: _____ GRADE: _____
 STREET & MAILING ADDRESS: _____
 CITY: _____ ZIP CODE: _____
 EMAIL ADDRESS(es): _____
 CELL PHONE(s): _____

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.

 (Signature of Wrestler) (Print Name) (Date)

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)

Colchester Youth Wrestling
2009-2010 Parent's Instructions on Medical Treatment
&
Medical History Questionnaire

Wrestler Name: _____ Home Phone: _____
Street Address: _____ State: _____ Zip Code: _____
Father Name: _____ Phone # (cell/other): _____
Mother Name: _____ Phone # (cell/other): _____
Legal Guardian Name: _____ Phone # (cell/other): _____
Insurance Company: _____ Policy #: _____
Family Doctor: _____ Doctor's Phone #: _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name: _____ Phone #: _____ Relationship: _____

Please read the alternative statements below and sign under the one that you choose. **SIGN ONLY ONE**

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature: _____ Date Signed: _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: _____ Date Signed: _____

MEDICAL INFORMATION/HISTORY

Date of your child's last complete physical examination by a medical doctor: _____

Drug Sensitivities? _____

Yes No 1. Allergies (non-medication): _____

Yes No 2. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so, please indicate what medication(s):

Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed:

Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?

- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use:

- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication that is taken regularly:

- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
Heart Disease (rheumatic fever) Liver Disease (Hepatitis)
Kidney Disease (infections) Lung Disease (pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly:

- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each:

- Yes No 11. If the answer to No. 10 is "Yes", did the attending physician have you stay overnight in a hospital? If yes, give the dates of each:

- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or Discs that incapacitated you for a week or longer? If yes, give the date of each such injury:

- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
Permanent bridge Permanent crown or jacket
Braces Full plate Removable partial plate
Permanent retainer Removable retainer
- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date it happened: _____
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury:

Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the date and what was done:

Yes No 18. Have you ever had an injury to your back?

Yes No 19. Do you experience pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently
With vigorous exercise With heavy lifting

Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?

Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?

Yes No 22. Have you ever been advised to have surgery to correct a knee problem?

Yes No 23. If the answer to No. 22 is "Yes", has the surgery been completed? Date: _____

Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?

Yes No 25. Have you had any injury to your foot or toes in the past 2 years? If yes, please explain:

Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

The questions answered on this form have been answered completely and truthfully to the best of my knowledge.

Wrestler Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

The following 3 pages (per family) must be completed and returned with your registration in order for your registration to be accepted.

2009-2010 CYW Parent Involvement Agreement

Colchester Youth Wrestling (CYW) is a private, non-profit, all-volunteer organization. Its mission is to promote interest in the sport of wrestling among the youth and parents of Colchester and surrounding towns by providing a disciplined and competitive program for its members to learn and develop wrestling skills, self-confidence and the ideals of good sportsmanship and respect. 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 2009-10 season and participate in at least one CYW fundraising activity during the year (September 2009 thru August 2010).

Volunteer Name(s) & Phone #(s): _____

Wrestler Name(s): _____

Volunteer activities of interest to you (please indicate your top 3 choices):

- Assist Fundraising Coordinator – help organize and lead fundraising events
- Assist Merchandise Coordinator – help order and distribute Aim High Shoot Low T-shirts, singlets and merchandise; assist with photo day coordination
- Assist in running tournament – make signs, concession stand, set-up/take-down, scorekeeping, etc.
- Assist Communications Coordinator - draft articles about CYW activities, accomplishments, and wrestling results for publication in local newspapers and on CYW's website
- Gym Monitor (assist Secretary at practices on a rotating schedule with others) - oversee wrestler sign-in/record of attendance; distribute written correspondence to wrestlers/parents; serve as point of contact for school custodian; monitor activities of parents/siblings (no food, noise, misbehavior, etc.) and report issues to Director if they arise
- Assist Team Statistician with keeping statistics at wrestling tournaments/meets
- Assist Secretary with making phone calls to parents (e.g., phone tree)
- Assist Team Photographer/Videographer (for communications/publicity and production of 2009-10 CYW DVD)
- Assist in organizing community and team events (e.g., team parties, parade)
- Assistant Coach (no experience necessary; CYW will provide training & T-shirt) – assist with coaching at practices and tournaments (usually Sundays) on a rotating schedule; mat prep. (roll out & mop) and breakdown at practice; keep careful record of wrestler match results at tournaments; provide feedback/comments to Coaching Staff Coordinator on wrestler development and progress as requested. *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 offered by the Colchester Parks & Recreation Department.*

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 (September 20, October 18, November 15, December 13, April Annual Meeting TBD, August TBD). Nominations to the Board may be made at CYW's Annual Meeting in April. CYW Members must attend at least one third of the Board meetings held prior to the Annual Meeting in order to cast one vote during the election of the Board of Directors.

2009-2010 CYW Communications

Wrestler Name: _____

Father Name & Phone: _____

Mother Name & Phone: _____

Guardian Name & Phone: _____

Given the large number of program participants and to minimize program costs (i.e., postal mailings and printing), email will be the primary method of communication. Enter email address(es) here:

Email address

Email address

Email address

Check this box if you do not have an email address/internet access. A hard copy of any correspondence will be provided to you.

In the event of practice cancellations due to inclement weather, the club will notify all families via email (between the hours of 3:00 and 5:00 pm). You also may find out if practice is cancelled due to inclement weather by calling the Town of Colchester Parks and Recreation Department at 537-7297 to access the Colchester Youth Wrestling voice mailbox (press #3, then #5 when prompted to do so). A recorded phone message will be available after 4:15 pm.

Note: If the Colchester school system is closed or has early dismissal on a day when a practice is scheduled to occur at Jack Jackter Intermediate School, the practice is automatically cancelled.

All participants will be notified by phone of last minute cancellations for reasons other than weather, or if other time-sensitive information needs to be communicated. Please enter a phone number where we may reach you:

Primary contact name and phone number

Please be aware that important announcements also may be made at the close of each practice session.

2009-2010 CYW Expectations and Code of Conduct

All wrestlers are expected to attend two regular practices a week held on Tuesdays and Thursdays. Optional practices will be held on Mondays and Fridays. Given the technical, "one-on-one" nature of the instruction that the coaches must provide at practices in a relatively short time frame, it is imperative that the coaches have the undivided attention of all wrestlers at all times. 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. Please read with your child the NYSCA's Parents' and Players' Code of Ethics found at the end of this registration packet. Your signature below represents your understanding of CYW's expectations.

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

Wrestler Signature & Date

Wrestler Signature & Date



*Colchester Wildcats
Youth Wrestling Club
P.O. Box 375
Colchester, CT 06415*



2009-2010 CYW Photographic Authorization and Release Form

Child's Name: _____

AUTHORIZATION FOR PHOTOGRAPHS

I give permission for photographs of my child to be used in publications promoting CYW including placement on the Colchester Wildcats' website.

Yes

No

Date _____

Parent/Guardian Signature _____

AUTHORIZATION TO PRINT NAME

I give permission for my child's name to be used in local newspapers to publicize CYW events.

Yes

No

Date _____

Parent/Guardian Signature _____



2009-2010 CYW Registration Checklist

(Please return this form with your registration)



All of the following must be submitted in order for your registration to be accepted:

- Membership Application Form
- Medical Form
- Parent Involvement Agreement
- Communication Form/Code of Conduct
- Photo Release Form
- Copy of Birth Certificate (if not previously submitted)
- Registration Fee (Enclosed Check)

NATIONAL ALLIANCE FOR YOUTH SPORTS

NATIONAL YOUTH SPORTS COACHES ASSOCIATION

Parents' Code of Ethics

- 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 sports event.
- I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth-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 promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- 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 Coaches' Code of Ethics.
- I will read the NYSCA National Standards for Youth Sports (a pdf file is available for downloading at www.nays.org) and do what I can to help all youth sports organizations implement and enforce them.

Players' Code of Ethics

- I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Players' Code of Ethics Pledge.
- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify by coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!
- I deserve to play in an environment that is free of drugs, tobacco, and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it's important to me.
- I will do my very best in school.
- I will remember that sports are an opportunity to learn and have fun.

Please keep