

DANBURY YOUTH WRESTLING ASSOCIATION

ELEMENTARY WRESTLING IN-HOUSE PROGRAM

Please complete this form with a full payment of \$85. This fee will cover secondary insurance, USAW CT membership, weekly scrimmage meets, team banquet, team shirt and your child's participation in the end of season tournament. There will be a \$15 late registration fee. **Please make checks payable to: DYWA and send to Attn: Elementary In-House Program PO Box 2215 Danbury, CT 06813**

PLEASE PRINT

Wrestler's name _____ Home Phone _____

Address _____ Zip _____

Wrestler's school _____ Grade ____ Birthdate _____ Weight _____

Circle your T-shirt size: 6/8 10/12 14/16 AS AM AL AXL OTHER _____

(IT IS BETTER TO GO BIGGER THAN SMALLER – THE SIZE YOU SELECT IS THE SIZE YOU GET! Sizes usually run small)

Has your child participated in Danbury Elementary Wrestling (or elsewhere) before? _____

If so, how many years? _____ For which team? _____

As a parent / guardian of the above child, I, _____ give my permission for my child to participate in the Danbury Elementary Wrestling In-House Program. I am also aware that this is a contact sport and injuries can occur.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's email _____ cell # _____

DYWA is a not for profit youth organization founded in 1988. Our goal is to provide children the opportunity to learn the sport of wrestling. Our major fundraiser is a golf tournament that is held usually in September. The funds raised help offset the cost of the program and provide financial aid to kids attending summer wrestling camps.

Please indicate if you would be interested in helping with any or all of the following:

- () TEAM PARENT – Assist coach with handouts, phone calls or messages
- () GOLF TOURNAMENT – Asking people to play and /or getting sponsorship from local businesses
- () LEAGUE BANQUET – Assist with setup organize guest list (parents attending)
- () LEAGUE TOURNAMENT – Assisting table workers, concession, set up / clean-up of facility

OFFICE USE ONLY: AMOUNT PD _____ CASH CHECK # _____

DYWA FORM _____ USA FORM _____ LIABILITY FORM _____

INDEMNIFICATION AND RELEASE

WRESTLER'S NAME: _____
(PLEASE PRINT)

I, THE PARENT /GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF DANBURY TRAVEL WRESTLING INC. (D.Y.W.A.) IT'S SPONSOR. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH WRESTLING AND IN CONSIDERATION FOR D.Y.W.A. ACCEPTING THE REGISTRANT FOR ITS WRESTLING PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY THE DANBURY TRAVEL TEAM COACHING STAFF, D.Y.W.A., ITS SPONSORS, THEIR EMPLOYEES AND ASSOICIATED PERSONNEL, INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES FOR THE PROGRAMS, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANTS PATICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

CONSENT FOR MEDICAL TREATMENT (MINOR) – AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR, I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LISCENCED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF MY DEPENDENT.

SIGNATURE OF PARENT /LEGAL GUARDIAN

DATE

PARENT/LEGAL GUARDIAN NAME – PLEASE PRINT

PERSON TO NOTIFY IN CASE OF EMERGENCY
(PLEASE PRINT)

PHONE NUMBER

Parent/Wrestler Code of Conduct

DYWA prides itself as a family oriented organization, we have no problem with parents bringing siblings to practice but there will be guidelines set in place for them that will be strictly enforced. The coaches are there to focus on the wrestlers and keep them engaged in practice so they can be the best wrestler they can be at matches. We ask for parental cooperation with the following:

- NO ball playing of any kind while at practice either in the gym or in the hallways
- NO games that involve running, screaming or distracting the wrestlers
- NO children to be in the hall or bathroom without adult supervision
- NO roaming of hallways unsupervised
- Parents may not leave any **non wrestler** behind when they leave the building for any reason
- Parents are to supervise their children
- When wrestlers leave the gym area for any reason a parent or coach must accompany them
- There is NO smoking or consumption of alcohol while on school grounds
- Parents are prohibited from picking children up from practice intoxicated; law enforcement will be notified if any parent arrives on school property in an intoxicated state

If any of the above guidelines are found to be violated, it will jeopardize our use of the schools facility and your wrestler's participation on the team. A Due Process Hearing will be conducted by our Rules Committee and punishment will be determined.

By signing this document I agree to the terms as described above.

Wrestler Signature

Printed Name

Date

Parent Signature

Printed Name

Date

WRESTLING 2013-2014 SEASON APPLICATION FOR MEMBERSHIP

No Out of State Checks accepted by USAWCT

Club:	Card Number:
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DATE OF BIRTH _____ **AGE** _____ **GRADE** _____

NAME _____ **TELEPHONE** _____

ADDRESS _____

City, State & Zip code _____

Email Address _____

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 and Relationship to Minor)

(Print Name)

(Date)