

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 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
- () SEPTEMBER FUNDRAISER – Asking people to participate 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

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)