

# Clark County Youth Wrestling

## K-8<sup>TH</sup> GRADE



Clark County Youth Wrestling is a consortium of youth wrestling teams from all around Clark County. The motivated and passionate coaches have a consistent philosophy and approach. The goal is to continue to introduce quality wrestling on a recreational level to Clark County. Wrestlers of all levels are welcome! The season runs from December 2<sup>nd</sup>, 2013 through the season ending Jamboree on March 1<sup>st</sup>, 2014.

**Mondays and Wednesdays**  
**6:30 PM - 8:00 PM**  
**December 2<sup>nd</sup>, 2013- March 1<sup>st</sup>, 2014**

**NOTE: A mandatory**  
**parent/guardian meeting**  
**on November 26<sup>th</sup> 6:30 PM at**  
**Union HS.**

League fee is \$60 for the season. Please make out all checks to Union Titan Wrestling Booster Club.

**This program is set up as a fundraiser for each Union High School wrestling program.**  
**The net proceeds for this league benefit the Union Titan wrestling program.**

Name (Last) \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Alternate emergency name & phone \_\_\_\_\_

Email \_\_\_\_\_

Male/Female \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Is child currently on medication \_\_\_\_\_ if so what \_\_\_\_\_

**T-shirt size (Circle one) Youth Sm. Med Lg. XLg. Adult Sm. Med. Lg.**

**Parent Permission:** I understand that wrestling is a contact sport and although precautions are taken to minimize accidents, occasionally students do get hurt. The above named child has my permission to participate in this Youth Wrestling Program. In the event of an emergency and I cannot be reached, I grant permission for emergency medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release Evergreen Public Schools from responsibility for any bills resulting from injuries incurred in this program. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. I have attached information regarding allergies or other medical conditions about my child of which staff should be aware. **I have read the refund policy and understand that no confirmation of my registration will be sent.**

By signing this, I have read and understood the WA State Concussion Law at <http://www.cdc.gov/ConcussionInYouthSports/>:

Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away. For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>To request accommodation due to the presence of a physical, sensory or mental disability, please contact the ADA Coordinator, at least forty-eight hours in advance of the event. Jerry Piland, ADA Coordinator, may be contacted at: Evergreen School District #114, 13501 NE 28th Street, P. O. Box 8910, Vancouver, WA 98668-8910, Telephone: (360) 604-4010, FAX: (360) 604-4109, TDD voice relay: 1 (800) 833-6384, Tele-braille: 1 (800) 833-6385.

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #