Clark County Youth Wrestling 2014-2015

LA CENTER PRAIRIE HOCKINSON MOUNTAIN VIEW EVERGREEN KINGS WAY UNION HERITAGE FORT VANCOUVER RIDGEFIELD SKYVIEW and MORE



Years Experience

Pre-K-8th Grade Cost: \$65

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 1, 2014 through the season ending Jamboree on March 7th and 8th, 2015.

Mondays and Wednesdays 6:00 PM - 8:00 PM December 1, 2014—March 7, 2015 Held in Union High School Wrestling Room

Questions: Call Jimmy Buell (503) 547-3390

Registration Date: Union High School Room 318 @ 6:30pm-7:30pm 11/11/14 and 11/25/14

This program is set up as a fundraiser for each High School wrestling program. The net proceeds for this league benefit the HS Wrestling program and/or ASB associated with each team.

Return complete form with payment to: Union Titan Wrestling Booster Club



John.Godinho@evergreenps.org 6201 NW Friberg/Strunk Street Camas, WA 98607

Office Use ONLY:
Date Rec'd
Amount:
Cash or Ck#

Name (Last)	First	Home Phone	
Parent's Name	Parent's Work Phone		
Email			
Address	City_	Zip	
Grade Male/Female	Alternate emergency name & phor	ne	
mission for emergency treatment to be given. no coverage under Insurance Company. I rele while participating in the Evergreen Communit By signing this, I have read and understood th Even though most concussions are mild, <u>all</u> <u>managed properly.</u> In other words, even a "c symptoms of concussion may show up right a	I agree to pay all doctor & medical costs not covered to base Evergreen School District, Evergreen Community y Education Program or if a question of liability should e WA State Concussion Law at <u>http://www.cdc.gov/Co concussions are potentially serious and may resulting</u> " or a bump on the head can be serious. You can after the injury or can take hours or days to fully appe	ucation Program activity. I assume the responsibility for by my insurance company. Medical Insurance coverage y Education Program & coaches from responsibility for a I occur.	e information must be completed or write any costs resulting from injuries incurred mage and death if not recognized and without loss of consciousness. Signs and or if you notice the symptoms or signs of

Student-athlete Name Printed	Student-athlete Signature		Date	
Insurance Company	Policy #	Printed Name of Parent/Guardian		Signature of Parent/Guardian