



Clark County Youth Wrestling 2019-20

Union High School Wrestling K-8th Co-Ed Youth Team Information

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 December 2, 2019 through the season ending jamboree on March 6 & 7, 2020

Cost: \$65 registration fee includes team shirt.

Questions: Call Coach Jimmy Buell email: ccywunion@gmail.com phone: 503-547-3390

Registration: November 6 and November 18, 6-7 PM. At Union High School 300 Building in room 318 (Across the hall from the wrestling room).

Parent Meeting: December 2 in Union High School Wrestling room followed by the first practice 6-8PM.

Practice: Dates and times will be decided after we know the ages and number of wrestlers we will need to accommodate. Schedule will be shared at parent meeting.

Gear: All wrestlers need wrestling shoes (wrestling shoes should not be worn outside of wrestling room and need to be changed into before practice and removed after practice to keep our mats safe and clean.) **Head Gear Optional**

This program is set up as a fundraiser for Union High School Wrestling Boosters.
Return completed form with \$65 cash or check made out to Union Titan Wrestling Booster Club.

Wrestler Name _____

Parent's Name _____ Phone Number _____

Email Address _____

Parent's Name _____ Phone Number _____

Email Address _____

Is Child Currently on Medication? Y/N If Yes explain _____

Years of Experience _____ Grade _____ Male / Female _____ School _____

T-Shirt Size Circle One: YS YM YLG YXLG AS AM ALG AXL

_____ has my permission to participate in this Community Education Program activity. I assume the responsibility for arranging transportation to practice and matches. I grant permission for emergency treatment to be given. I agree to pay all doctor & medical costs not covered by my insurance. Medical insurance coverage information must be completed or write **no coverage** under insurance Company. I release Evergreen School District, Evergreen Community Education Program, Union Titan Wrestling Booster Club & coaches from responsibility for any cost resulting from injuries while participating in the Evergreen Community Education Program or if a question of liability should occur. By signing this, I have read and understood the WA Sate Concussion Law at <http://www.cdc.gov/concussionInYouthSports/>:

Even though most concussion are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized & managed properly. I other words, even a "ding" or bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Sighs & 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 a concussion yourself, seek medical attention right away.

Student-athlete Name Printed _____

Student-Athlete Signature _____

Date _____

Parent / Guardian Name Printed _____

Parent / Guardian Signature _____

Date _____

Insurance Company _____

Policy Number _____

Preferred Hospital _____

Office Use: Date _____
Amount _____ Check # _____