

**PORTAGE YOUTH WRESTLING**

portageyouthwrestling@gmail.com

Registration, Emergency Treatment Consent & Picture/Video Consent

Print Wrestlers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_

Male/Female

Years Experience: \_\_\_\_\_

Wrestlers T-Shirt Size- Order will be filled based on the item **circled below**

**(One shirt per WRESTLER)** Additional shirts may be purchased today--see other form.

Youth Sizes	SMALL	MEDIUM	LARGE	
Adult Sizes	SMALL	MEDIUM	LARGE	XLARGEXXLARGE

Mother Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

(Emails are only used for anything pertaining to the club, this is our primary way to communicate with all the parents)

Emergency Phone# \_\_\_\_\_ Name of Contact: \_\_\_\_\_

In case of emergency, you are hereby given my/our permission to treat \_\_\_\_\_  
(Wrestlers name)

State any known medical conditions that could affect the wrestler's ability to participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**WRESTLING FEES:**

\$75.00 Competitive Package

Check Number \_\_\_\_\_

\$60.00 Non Competitive Package

Check Number \_\_\_\_\_

\$50.00 Volunteer **Deposit (1 per family)**

Check Number \_\_\_\_\_

\$75.00 Singlet **Deposit (1 per family)**

Check Number \_\_\_\_\_

Portage Youth Wrestling Club is a non-profit organization, registration fees will be used to purchase USA Cards, Team T-Shirts, facility use and other things to ensure our club is a success. The USA Card is used when going to tournaments as well as having some insurance protection for your child, we are required by the Portage School District for all participants to have this for use of the facilities. When going to tournaments there is usually an additional charge for your child to wrestle, these fees are set by the club hosting the tournament. Tournaments are not required, but the club does pay for 2 tournaments during the season. These are paid for by the club and **do not** come out of registration fees. More information on these will follow.

You will not receive your wrestlers USA Wrestling Card until registration fee is paid in full.

You will not receive your wrestlers singlet until the Singlet Deposit is received and singlet agreement is signed.

\*Deposit checks will be returned or destroyed at the end of the season if requirements have been met.

I understand the fees and deposits required by the Portage Youth Wrestling Club.

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**PICTURE/VIDEO CONSENT**

Pictures/videos will be taken of your wrestler at various times during the wrestling season. Some of these pictures/videos will be used for publication purposes such as to the newspaper, web page and for our Portage Youth Wrestling Facebook page. We would like permission to use your child's picture/video/name for such purposes.

I give my permission for my child \_\_\_\_\_ to have their picture/video taken for wrestling purposes.

Parent/Guardian: (print name) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Portage Youth Wrestling Parents Code of Conduct 2017-2018 Season

Parents must turn in all necessary forms and promptly pay required fees.

Parents will encourage good sportsmanship through their actions and words, by demonstrating positive support for all wrestlers, parents, coaches and officials at every tournament and practice.

Parents will treat all other parents, wrestlers, coaches, and officials with respect regarding attitude, language, and mannerisms.

Parents must inform the coach of any physical or mental ailment that may affect the safety of their wrestler or any other wrestler.

Parents are not allowed to physically, emotionally, or psychologically abuse any other parent, wrestler, coach or official.

Parents should try, as much as possible, to be available to assist in the wrestling program and team functions as requested.

Wrestlers, siblings, friends and parents must stay off all equipment in the wrestling room. We will not tolerate horseplay of any sort. It is the parent's financial responsibility to replace anything that your child or their guest may break in the wrestling room or any other facility.

It is the parent's responsibility to keep all children not wrestling off the mats and not running in the hallways during practice. It is not required that parents stay during practice, but keep in mind our coaches are not babysitters. **DO NOT DROP OFF SIBLINGS OR FRIENDS.**

It is the parent's responsibility to inform coaches of any injury, skin infection or other medical reason that may affect the team. Please keep in mind that in some cases a doctor's release may be required for the wrestler to continue to participate in practice or tournaments.

It is the parent's responsibility to return all borrowed gear at the end of the season (singlets, shoes, etc) in the same condition as it was borrowed to the wrestler. If gear that is brought back is determined not useable for the following season you may lose your singlet deposit.

### **CONSEQUENCES FOR PARENTS**

Verbal warning

Written warning

Practice and/or tournament suspension

Removal from wrestling program (no fees refunded if removed from the club)

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I understand and pledge to follow the Parents Code of Conduct and ethics of the sport, I also understand that there will be consequences if this is not followed.

Print Wrestlers Name \_\_\_\_\_

Print Parents Name \_\_\_\_\_ date \_\_\_\_\_

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

# Portage Youth Wrestling

## Wrestlers Code of Conduct 2017-2018 Season

Wrestlers are not allowed to verbally, physically, or psychologically abuse any other wrestlers, coach, parent or official. All wrestlers will treat each other, parents, coaches, and officials with respect and dignity regarding language, attitude, behavior and mannerisms.

Wrestlers are to show good sportsmanship through their actions by demonstrating positive support for all wrestlers, parents, coaches and officials at every tournament and practice.

Wrestlers should not argue with officials at any time. If you feel that something was missed/a wrong call was made, speak to your coach or parent and let them talk to the official.

All wrestlers will respect the property and equipment used at any sports facility, both home and away.

All wrestlers are to treat their practice partners with respect and should not intentionally harm or perform any moves not taught in the wrestling program.

All wrestlers should wrestle in a "clean" manner with no intent to harm their opponent.

Wrestlers should come to each practice ready to give their complete attention to the coach. There will be no running around the school during practice.

Wrestlers are to stay off the mats on the walls, no climbing or running into them.

Wrestlers are to show good conduct at all club functions and tournaments.

**ABSOLUTELY NO STREET SHOES ON THE MATS.** Wrestling shoes or socks only. Wrestlers should wear t-shirts and shorts to practice in. No jeans or cutoffs.

### **CONSEQUENCES FOR WRESTLERS**

Verbal warning

Written warning

Practice and/or tournament suspension

Removal from the wrestling program (no fees refunded if removed from the club)

WRESTLER SIGNATURE \_\_\_\_\_



# PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

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

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

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



# VOLUNTEER CONSENT FORM

I, \_\_\_\_\_, give the Portage Youth Wrestling Club permission to perform a routine criminal background check. I acknowledge this is for the safety of the wrestlers. I understand that the Portage Youth Wrestling Club reserve the right to refuse my assistance for any reason deemed appropriate by the coaches and board for the safety of the wrestlers in this program.

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Signature

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Date