

Questions? Contact  
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# Decatur Wrestling Club

(2015-16)



- What:** A program designed to teach students the rules and techniques used in the sport of folkstyle (scholastic) wrestling. There are opportunities to participate in meets with other young wrestlers.
- Who:** Students grades K through 6<sup>th</sup>, and 7th - 12th after their season.
- Where:** Decatur Wrestling Room. (Practice will be Tuesday and Thursday 6 – 8:15 pm).  
Beginners from 6-7 and advanced wrestlers from 7-8:15
- When:** **Sign-ups are Wednesday, November 4th (5-7 pm), Saturday, November 6th (11-1 pm), and Saturday, November 14th (11-1pm) in the Decatur Middle School Lobby.**
- Cost:** \$50.00 for the first child and \$40.00 for each child thereafter.
- Included:** Expert instruction in the sport of wrestling, practice facilities, and MYWA membership card.

*Detach and return (please print)*

Wrestler's name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. (m/d/yr)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

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

Phone \_\_\_\_\_ School \_\_\_\_\_ Years wrestled \_\_\_\_\_

**Parent(s)/Guardian(s) Information:**

Name \_\_\_\_\_

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

Phone :( day) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_

I/We do give our consent for the above mentioned child to participate in Decatur Wrestling Club during the current season. I/We further agree, on behalf of the child, to release, absolve, indemnify and hold harmless, Decatur Wrestling Club, its officers, directors, sponsors, organizers, and supervisors from all claims relating to or arising out of the conduct of the activities of Decatur Wrestling Club.

Emergency Authorization: I/we, the undersigned parents(s), guardian(s) of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents acting in any capacity for L.W.C./vehicle drivers, etc., as agents for the undersigned to medical, surgical, or dental examination/treatment, etc. In case of emergency, I/We do hereby authorize the treatment and/or care of the above named registered player at ANY medical care facility or hospital.

**Parents(s)/Guardian(s) Signatures:** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Does this child have any history of upper respiratory illness or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_

List any medications taken regularly: \_\_\_\_\_

Medical insurance provider: \_\_\_\_\_ Through \_\_\_\_\_