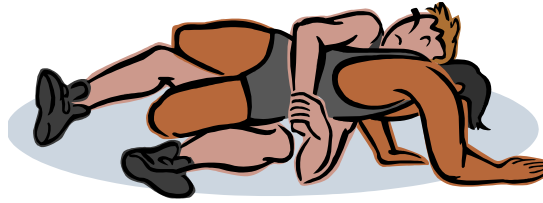


# 2017-18 RED OAK YOUTH WRESTLING REGISTRATION FORM

Jordan Vannausdle Athletic Association (JVAA) & Montgomery County Family YMCA



**WHAT:** Youth Wrestling Program for Pre-Kindergarten through 6<sup>th</sup> Grade Students

**COST:** FREE

**REGISTRATION:** Now through December 9th, 2017

**PARENTS MEETING:** Tuesday, November 14<sup>th</sup> at 5:00 pm for PRE-K to 2<sup>ND</sup> GRADE at YMCA  
Tuesday, November 14<sup>th</sup> at 5:45 pm for 3<sup>RD</sup> - 6<sup>TH</sup> GRADE at YMCA

## **PRACTICE TIMES & LOCATIONS:**

Practices begin Tuesday, November 14 in the YMCA's gymnasium. Practices will be on Tuesday & Friday.

**PRE-K – 2<sup>ND</sup> GRADE:** 5:00 – 5:45 p.m.

**3<sup>RD</sup> - 6<sup>TH</sup> GRADE:** 5:45 – 7:00 p.m.

**Practice cancellations** - Will be announced at school, if possible, or listen to KCSI/KOAK Radio for announcements.

Please **do not** wear your street shoes into gym for practice. Change shoes before entering gym and walking onto mats.

**The Red Oak Youth Wrestling Tournament has been scheduled for SUNDAY, JANUARY 7, 2018.**

For more information, please call the YMCA at (712) 623-2161.

**REGISTRATION FORM ON REVERSE SIDE.**

## 2017-18 Red Oak Youth Wrestling Registration Form

Return this form to the Montgomery County Family YMCA at 101 E. Cherry Street, Red Oak, Iowa 51566

### Please Print

Participant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Best Contact #: \_\_\_\_/\_\_\_\_-\_\_\_\_

Year's Experience: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_

Contact Parent's Name & Contact #: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Back-Up Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current medical problems: \_\_\_\_\_

Parents are being asked to volunteer to help make the youth wrestling program run as smoothly as possible. Please mark below in which area you wish to help volunteer.

Name: \_\_\_\_\_ Contact # \_\_\_\_/\_\_\_\_-\_\_\_\_

\_\_\_\_ Help set up wrestling mats prior to practice      \_\_\_\_ Help monitor youth during practice

\_\_\_\_ Help put wrestling mats away after practice      \_\_\_\_ Help at Youth Wrestling Tournament on  
January 7, 2018

### CONSENT TO PARTICIPATION

THE UNDERSIGNED parent(s)/guardian(s) of \_\_\_\_\_, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **JVAA-YMCA Youth Wrestling Program** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.**

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Singlet Deposit Fee \$ \_\_\_\_\_ check # \_\_\_\_\_ or cash