

# **BOYERTOWN WRESTLING CLUB WANTS YOU!**

**Build Self Confidence**

**Build Strength**

**Be a Winner**

**Be Proud**

**Be in Control**

**Build Character**



**BECOME PART OF A WINNING TEAM  
AND A SPORT UNLIKE ANY OTHER.  
BECOME A WRESTLER!!**

## **Upcoming Events**

Registration at the Daniel B. Boyer YMCA Boyertown Branch - Saturday Oct 10<sup>th</sup>  
Parent's Night at Junior High West Café – Monday Oct 19<sup>th</sup>  
1<sup>st</sup> Day of Practice – Monday Nov 1<sup>st</sup> (Step 3) or Tuesday Nov 2<sup>nd</sup> (Novice, Step 1 & 2)  
6<sup>th</sup> Annual Boyertown Bear Duals (HS) – Saturday Dec 12<sup>th</sup>  
Bear K-6 Invitational Tournament – Sunday Dec 13<sup>th</sup>

## **REGISTRATION FORM ATTACHED**

MAIL IN or ATTEND REGISTRATION

Saturday, October 10<sup>th</sup>, 9:00am – 11:00am  
at the Daniel B. Boyer YMCA – Boyertown Branch

\$65.00 for the first child - \$35.00 for each additional child, not to exceed \$125.00 per family.

## **MANDATORY PARENT'S MEETING**

Monday, October 19<sup>th</sup>, 7:00pm  
@ the Junior High West Cafeteria

Registration after the Parent's Meeting will be \$75.00 for the first child, \$45.00 for each additional child, not to exceed \$135.00 per family.

Registration forms should be mailed to:  
Rose Cooley  
426 Windy Hill Rd.  
Gilbertsville, PA 19525

Questions regarding registration can be directed to Rose Cooley at 610.327.0185

[www.bashwrestling.com/demons](http://www.bashwrestling.com/demons)

# Boyertown Wrestling Club Registration Form (Page 1 of 2)

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade & School Attending \_\_\_\_\_

T-shirt Size (circle one) Youth S M L - Adult S M L Weight \_\_\_\_\_ Years Experience \_\_\_\_\_

Parent / Guardian Name(s) \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## Health History

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of Last tetnus Shot \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Please list any medical condition (allergies, disease, medication, etc.) that may affect the performance of this wrestler and specific instructions for our coaches with regards to that condition.

\_\_\_\_\_

---

## FUNDRAISING

Fundraising is an intricate part of a successful organization. This is true for the Boyertown Youth Organization as well.

This year we will have two (2) fundraiser options. Both Lottery and Raffle Tickets or Opt Out.

Circle one option:                      Lottery and Raffle Tickets                      \$50.00 Opt Out (Due at Registration)

---

## VOLUNTEER NEEDS

For this organization to operate efficiently and successfully, we ask that everyone help in any way they can. Our matches are held on Saturdays during the month of January and February. The following are areas in which we need your help and would appreciate you volunteering. Please mark at least one box.

<input type="checkbox"/>	Team Mother/Father
<input type="checkbox"/>	Set-up/Clean up at Home Matches
<input type="checkbox"/>	Scorekeeper
<input type="checkbox"/>	Timekeeper

<input type="checkbox"/>	Concessions
<input type="checkbox"/>	K-6 Tournament
<input type="checkbox"/>	Computer Assistance
<input type="checkbox"/>	Where Needed

# Boyertown Wrestling Club Registration Form (Page 2 of 2)

## **Parent Code of Conduct**

- I will...**
- not force my child to participate,
  - will remember that children participate to have fun,
  - will be a positive role model for my child,
  - encourage sportsmanship,
  - emphasize skill development and practices,
  - help my child to learn the right lessons from winning and losing,
  - demand that my child treat other players, coaches, officials, and spectators with respect,
  - never ridicule or yell at my child or other participant for making a mistake or losing a competition

\_\_\_\_\_  
Print Child's Full Name

\_\_\_\_\_  
Print Parent or Guardian's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## **Medical Consent**

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x ray, examination and immunization for the below named wrestler. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the below wrestler may be given. In the event an emergency arises during a practice session, an effort will be made to contact the parents/guardians as soon as possible. Permission is hereby given to the athletic trainer or emergency medical personnel to provide the needed emergency treatment before his admission to the medical facilities.

\_\_\_\_\_  
Print Child's Full Name

\_\_\_\_\_  
Print Parent or Guardian's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## **Release**

My child has my permission to participate in the wrestling program sponsored by the Boyertown Wrestling Club, I assume all risks and hazards incidental to such participation, including transportation to and from the activities and I hereby waive all claims for myself, my heirs and assigns against the Boyertown Wrestling Club, its coaches, officers, and board members for any claim arising out of injury or illness to my child resulting from his/her participation. I further state that my child is in proper physical condition as certified by a licensed physician.

\_\_\_\_\_  
Print Child's Full Name

\_\_\_\_\_  
Print Parent or Guardian's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## **Photo Wavier**

**Please read and check one box**

I do not want my child's photo used in any public way by the Boyertown Youth Wrestling Program.

I authorize Boyertown Wrestling, it's assigns and transferees to copyright, use and publish any photographs

for print or internet use in connection with club activities. I agree that the Boyertown Youth Wrestling Club may use such photographs of my child with or without name and for any lawful purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Print Child's Full Name

\_\_\_\_\_  
Print Parent or Guardian's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian