

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 9th

Parent's Night at Junior High West Café – Monday Oct 18th

1st Day of Practice – Monday Nov 1st (Step 3) or Tuesday Nov 2nd (Novice, Step 1 & 2)

6th Annual Boyertown Bear Duals (HS) – Saturday Dec 11th

Bear K-6 Invitational Tournament – Sunday Dec 12th

REGISTRATION FORM ATTACHED

MAIL IN or ATTEND REGISTRATION

Saturday, October 9th, 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.
Junior High Wrestlers with registration - \$25.00

MANDATORY PARENT'S MEETING

Monday, October 18th, 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

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

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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 Waiver

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, its 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