

HILLTOPPER WRESTLING CLUB SIGN-UPS



SIGN-UP DATES: October 21, & 23, 2008 (Tuesday & Thursday)
October 28, & 30, 2008 (Tuesday & Thursday)
November 4, & 6, 2008 (Tuesday & Thursday)

Sign-up Time: 6:00 to 8:00 PM

Location: E. C. Glass High School (In the new Athletic Center Vestibule)

Grades: Kindergarten thru 8th grade

Cost: \$30 per Wrestler (make checks payable to the Hilltopper Youth Wrestling Club)

Please fill out the following form and bring it to sign-up. Any further questions contact:

Head Coach: Tommy Brooks: phone: 929-1615 email: serca@aol.com

General Manager: Dr. Mike MacCormac: 384-7355

Assistant General Manager: Frank Lukanich Jr.: 239-2324

First Practice/Parents meeting: Tuesday, Nov 11, 2008 @ 6:30 PM in the E. C. Glass Wrestling Room Off the Auxiliary Gym. This will also be our Parents meeting. It is imperative that at least one parent or guardian be present with their wrestler. We will be reviewing our code of conduct as well as what is expected and needed regarding support of our club by the parents. This will be a good chance for you to ask questions about wrestling and our club. Wrestlers should come dressed in work out clothes and be prepared to practice after the meeting is over.

In consideration for acceptance of _____ [print child's name] as a member of the **Hilltopper Youth Wrestling Club a.k.a Hilltoppers wrestling Club (HWC)** and for the use of athletic facilities at E. C. Glass High School as a member of said Club, I, _____ [print name], the parent or legal guardian of the minor child named below, on behalf of myself and for my child, do hereby acknowledge and agree as follows:

1. I understand that a risk of participating in any sport is the possibility of sustaining an injury. I have thorough knowledge of the sport of amateur youth wrestling and acknowledge that participating in such activity bears certain known risks and unanticipated risks that could result in injury, death, illness or disease.
2. I understand that participation by my child in Hilltopper Youth Wrestling Club activities and use of athletic facilities at E. C. Glass High School are undertaken at his own risk.
3. I agree to be responsible for all costs associated with any injury or loss that may be sustained by myself or my child as a result of participating in Hilltopper Youth Wrestling Club activities, including, but not limited to, (a) Club practices or scrimmage matches at E. C. Glass High School or at another venue, (b) Club tournaments, (c) other Club-sponsored events and connected activities, and (d) other youth wrestling tournaments. I understand that I am responsible for having health insurance that provides adequate coverage for injuries or illness my child may sustain while participating in amateur youth wrestling.
4. I certify that my child has no injuries or health conditions that would be aggravated by his participating in amateur youth wrestling.
5. I understand that my child may not be permitted to participate in a practice, scrimmage, or tournament when he is exhibiting symptoms of any contagious skin infection. In the discretion of the head coach or tournament director, participation may be allowed when (1) the child has been examined by a medical doctor who has indicated in writing that the condition is being treated and is no longer contagious and (2) the skin lesion(s) can be completely covered by occlusive bandage or tape during participation in wrestling.
6. I acknowledge that any equipment assigned to my child as a member of the Hilltopper Youth Wrestling Club (headgear, singlet, shoes etc.) must be returned clean and in good condition, excluding reasonable wear and tear, at the end of the wrestling season. I agree to be responsible for the replacement costs of any assigned equipment lost or misplaced by my child.

Now, therefore, in consideration of the above, I hereby release and forever discharge and covenant not to sue or hold liable the Hilltopper Youth Wrestling Club a.k.a. Hilltopper Wrestling Club (HWC), including its coaches, insurers, agents, representatives and Club officers, the City of Lynchburg Public School System, and all other persons or entities affiliated with either, from any and all liability, claims, demands, or actions, which are related to, arise out of or are in any way connected with participation in Club youth wrestling activities, including, but specifically not limited to any and all negligence, fault, or strict liability for all injury, death, illness or disease, and damage to myself, my child, or my property. I also agree to abide by the rules of conduct as set forth by this club.

Signed: _____ (Parent or Legal Guardian) Date: ____/____/2008

Signed: _____ (Wrestler) Date: ____/____/2008

Child's Name: _____ Age: _____ Weight: _____ Grade: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency contact: _____
[Name of person & relationship] [Phone number]

Cell Phone: _____

Email Address: _____

You must sign and provide the above information