

Birmingham Wrestling Club

REGISTRATION PACKET

Website: WWW.BHAMWC.COM

Facebook: Birmingham Wrestling Club/ Beat the Streets Birmingham

Email: info@bhamwc.com

Coach Rahman Owens: (205) 283-7525

Coach Geoffrey Bostany: (205) 529-0884

**BIRMINGHAM
WRESTLING
CLUB**



“BE A PART OF THE FIRST YOUTH WRESTLING PROGRAM IN THE CITY OF BIRMINGHAM... DEVELOP SKILLS TO BECOME A CHAMPION ON THE MAT AND IN LIFE...”

WHEN:

**Parent Orientation/Practice
NOVEMBER 6TH, 2018 at 6PM**

PRACTICE STARTS: NOVEMBER 6TH, 2018

SEASON ENDS: EARLY FEBRUARY

WHERE:

**YMCA YOUTH CENTER
2400 7TH AVENUE NORTH
BIRMINGHAM, AL 35203**

WWW. BHAMWC.COM

AGES: K-6TH

**COST: \$100 BY
NOVEMBER 6TH**

\$125 Late Registration

**FEE INCLUDES UNIFORM,
WRESTLING SHOES, AND
TEAM T-SHIRT**

**FOR REGISTRATION &
ADDITIONAL INFORMATION**

PLEASE CONTACT :

info@bhamwc.com

COACHES:

**COACH RAHMAN OWENS
205.283.7525**

**COACH GEOFFREY BOSTANY
205.529.0884**

REGISTRATION CHECKLIST

(Please Print Clearly)

PARTICIPANT/ATHLETE'S NAME: _____

Please check the following items as completed. Return the registration forms and checklist to BWC

The following items are required to complete your registration:

- _____ Registration Fee
- _____ Registration Form (please complete all information)
- _____ Authorization for Medical Treatment (signed by parent)
- _____ BWC Parent/Legal Guardian Consent and Release Form (signed by parent & athlete)
- _____ USA Wrestling Parent/Legal Guardian Consent and Release Form (signed by parent & athlete)
- _____ YMCA Parent/Legal Guardian Consent and Release Form (signed by parent)
- _____ Photo/Media Release Form (signed by parent)
- _____ Rules and Regulations Form (signed by parent & athlete)
- _____ Athlete Profile & Parent Survey
- _____ USA Wrestling Membership ID# (must register to participate in practice/competitions)
- _____ Birth Certificate (one copy) *No originals!

*Birth certificate may be required before the athlete is able to register for wrestling events.

REGISTRATION

(Please Print Clearly)

Athlete's Name: _____ Date of Birth ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Shoe Size: _____ Weight _____

Shorts Size: _____ Please check one: _____ Youth _____ Adult

T-Shirt Size: _____ Please check one: _____ Youth _____ Adult

USA Wrestling ID# _____

Dues: \$100 by November 6th \$125 thereafter, \$250 Corporate Sponsor _____

****Membership dues includes: wrestling shoes, uniform, and team t-shirt****

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

I AGREE TO ABIDE BY THE RULES OF THE BIRMINGHAM WRESTLING CLUB. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE.

_____ Dated this ____ day of _____, 2017

PARENT/LEGAL GUARDIAN SIGNATURE

For more info, contact BWC at 205.283.7525 Facebook: BWC Email: bhamwrestlingclub@gmail.com

Club Use ONLY		
DOB Verified? _____ Y _____ N	17-18: born in 1999-2000	15-16: 2001-2002
Date ____/____/____	13-14: 2003-2004	11-12: 2005-2006
USAWID#	9-10: 2007-2008	8 & under: 2009 - later

MEDICAL AUTHORIZATION

(Please Print Clearly)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of illness or accident, I _____, give my permission for the emergency medical treatment of my child, _____.

My home number is (____) _____, and my cell number is (____) _____.

If I cannot be reached contact (____) _____, relationship _____. I understand that I am responsible for all costs associated with his or her treatment. Furthermore, I notify BWC that my child has the following health concerns, problems, &/or issues:

Athlete take the following medications: _____

Athlete is allergic to the following medications: _____

Important notes related to emergency treatment: _____

Athlete has Asthma Yes _____ No _____

PARENT/LEGAL GUARDIAN SIGNATURE

BWC is NOT responsible for performing medical care. Parent/legal guardian allows BWC to call 911 for emergency medical care if deemed necessary by BWC. Parent/legal guardian will cover any costs associated with emergency medical care.

_____ AGREE _____ DISAGREE

BWC CONSENT FORM

(Please Print Clearly)

I am the parent/legal guardian of _____ . I hereby give my consent for the above named child to participate in practices, wrestling duals, tournaments, clinics, and other activities sanctioned, sponsored, and/or attended by BWC. I authorize the Head Coach, Assistant Coaches, or Staff members to sign the standard athlete's release forms, (USAW) documents when entering my child in any sanctioned events.

I understand that my child's registration fee is as follows: \$100 prior to Nov. 6th, \$125 after Nov. 6th, or \$250 if my child is sponsored by a business. If my child is sponsored by a business, it is my responsibility to ensure payment to BWC is made by the first practice date.

Should I (or my child) decide to withdraw from participation with BWC and its activities, I shall agree to in writing that I am withdrawing the above named child and acknowledge that all REGISTRATION FEES PAID ARE NON-REFUNDABLE.

I understand that the BWC assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletics, the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child.

Further, in consideration of my child being accepted in BWC, I hereby agree to indemnify and hold harmless Birmingham Wrestling Club (BWC), Beat the Streets Birmingham Board Members & Officers, Coaches, Staff, Volunteers, and assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, duals, tournaments, clinics, or other activities sanctioned, sponsored and/or attended by BWC.

The signee below represents that the above named child's Medical History including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of the BWC in writing on the Medical Acknowledgement/Waiver/Consent and Release form of BWC.

I understand my child will not be covered by insurance provided by BWC and that I either have my own major Medical Insurance Policy or, if not, I will cover the expenses of any injury.

By my signature I represent that by signing, I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exists between the child and myself.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARTICIPANT SIGNATURE: _____

DATE: _____ PARTICIPANT'S BIRTHDATE: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
WITH PARENTAL CONSENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current membership year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____



YMCA OF GREATER BIRMINGHAM

CONSENT FORM

This registration form is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the Birmingham YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletics, the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I understand that the wrestling program is not a YMCA program but is being held at the YMCA.

I hereby give permission to the personnel of the YMCA of Greater Birmingham to video tape, photograph, make a voice recording or motion picture of me and /or my minor child /children, to be used in connection with the internet, printed materials, visual or auditory presentations, or to use in a depiction of a wrestling team activity. Also, these items will be exclusive property of the Birmingham YMCA and I will not receive any compensation for my participation.

Signature of Parent or Guardian

Photo/Media Release Form

(Please Print Clearly)

By signing below, I _____, parent or legal guardian of,

_____ minor child/athlete understand and agree that BWC has my permission to take and use my child's wrestling club photographs, digital images, and video images for official BWC purposes such as, but not limited to media press releases and the club Facebook/newsletter. Furthermore, I understand that by signing below I consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in wrestling events of BWC, whether as an active participant or as an observer.

_____ I have fully read and agree to all of the terms and statements contained in this Photo/Media Release Form before affixing my signature.

_____ I have full read and DO NOT agree to all of the terms and statements contained in this Photo/Media Release Form before affixing my signature.

PARENT/LEGAL GUARDIAN SIGNATURE

Rules & Regulations

(Please Print Clearly)

Each participant and parent will be required to follow all rules. **NO EXCEPTIONS.**

- No profanity will be tolerated
- No fighting or violent behavior
- No disrespect in any way towards the coaches or staff of BWC will be allowed
- No athlete will be permitted to practice without proper attire
- No parental interference while athletes are practicing
- No use of tobacco products or alcohol by any family members on the grounds of BWC practices or meets
- Eat at least two hours before practice
- Athletes need to be on time for practice everyday
- Athletes are asked to give 100% at every practice and match

Failure to abide by these rules and regulations is grounds for disciplinary actions.

1st Offense: Verbal Warning

2nd Offense: Suspension from team

3rd Offense: Expulsion from the team (Parents and athletes forfeit all funds)

We, _____ (parent/guardian) and _____
(athlete), have read the above rules and regulations and agree to follow them as a member of BWC. We
(Parent and athlete) full understand and agree with these terms.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE: _____

ATHLETE SIGNATURE

DATE: _____

ATHLETE PROFILE & PARENT SURVEY

(Please Print Clearly)

Athlete's Name: _____ USAW ID#: _____

Address: _____

Parents/ Guardians Names: _____

School: _____ Grade: _____

PREVIOUS EXPERIENCE:

WRESTLING: _____ NUMBER OF YEARS: _____

PARENT SURVEY:

As a parent of an athlete on our team, BWC encourages your assistance to make our season great. The list below indicates ways that you would be willing to assist BWC at practices, meet and/or behind the scene. Please mark those you are interested in:

____ ASSISTANT COACHING

____ FUNDRAISING

____ DIGITAL PHOTOGRAPHER (VIDEO/STILL)

____ PRACTICE SETUP/BREAKDOWN

____ OTHER: _____