
BRAZOS VALLEY WRESTLING CLUB REGISTRATION PACKET

The Brazos Valley Wrestling club enrolls young men and women ages 6 and up.

How to register for BVWC:

1. Complete these forms for each wrestler:
 - a. Registration form
 - b. Parent/wrestler code of conduct signature page
 - c. Parental picture/video consent form
 - d. USA Wrestling Medical Information & Waiver

Visit our website at www.brazosvalleywrestlingclub.com to download additional forms.

2. Club dues are \$100/year for the first wrestler and \$50 for each additional sibling. Club dues can be paid as cash, check, or debit/credit card at or before the first official club practice (after Open House).
3. Every wrestler that joins the club **MUST** have a USA Membership card (\$40 each) that has to be renewed annually. Visit <https://www.usawmembership.com/> to complete your USA Membership.
4. ALL ADULTS associated with our wrestlers have to take the free Safe Sport online training. More information will be provided.

Our athletes are covered by USAW insurance; therefore, ALL wrestlers MUST complete these steps before being allowed to participate in club practices.

BVWC Youth Wrestling Registration Form

Wrestler Information:

Full Name _____
Last First MI

Address _____
Street City, State Zip

DOB _____ Weight (approx.) _____ Years Wrestled _____

School _____ Grade _____

Anything else we should know about your wrestler(s) _____

Parent/Guardian Contact Information:

Name _____

Cell Phone (YES NO use for REMIND notifications) _____

Email _____

Name _____

Cell Phone (YES NO use for REMIND notifications) _____

Email _____

Alternate Emergency Contact:

Name _____

Cell Phone _____ Home Phone: _____

Please complete this form, the medical waiver, code of conduct signature pages, consent for picture use, and bring them to the parent orientation meeting on Monday, September 24th at 6:15pm in the Kitchen area of Wellborn Community Center. Club dues and USAW membership cards (www.usawmembership.com) will also be due by this date.

Code of Conduct

You are representing the Brazos Valley Wrestling Club at all times. You will be EXPECTED to display good sportsmanship at all times during practice and tournaments both on and off the mat.









Parent and Guardian Code of Conduct:

Every "BVWC" parent/Guardian agrees to:

- Purchase a USA Wrestling membership card for EACH wrestler and turn in all necessary forms promptly.
- Equip their wrestler properly so they can participate in all practices and matches.
- Keep abreast of all information pertinent to their wrestler's practices and tournament schedule.
- Encourage good sportsmanship through their actions and words by demonstrating positive support for all wrestlers, parent/guardians, coaches and officials at every practice, match and tournament.
- Promote the emotional and physical well-being of all wrestlers ahead of any personal desire to win or any personal reflected glory. This includes, but is not limited to, providing support for coaches, officials and all others to provide a positive experience.
- Remember that the matches are for the wrestlers and not for the parent/guardians. Win or lose, parents will appreciate the efforts of all wrestlers and coaching staff.
- Will treat all other parent/guardians, wrestlers, coaches and officials with respect regarding attitude, language and mannerisms.
- Inform the coach or a board member of any physical or medical ailment that may affect the safety of their wrestler or any other wrestler.
- Will notify the Head coach regarding any absence or lateness to any practices or tournaments.
- Make sure that all fees are paid on time.
- Parent/guardians are not allowed to physically, emotionally, verbally or psychologically abuse any other parent/guardian, wrestler, coach or tournament official.
- Parent/guardians are expected to volunteer time to help run scoring tables during meets where our club is assigned a table.
- Parent/guardians are expected to volunteer to help organize and run our locally hosted Crossroads Classic Tournament.

Wrestlers Code of Conduct:

Every "BVWC" Wrestler agrees to:

-  Attend scheduled meets, tournaments and practices.
-  Help setup mats before practice and help put mats away after practice.
-  No verbal, physical or psychological abuse of any other wrestler, coach, parent/guardian or tournament official. All wrestlers will treat each other, parent/guardians, coaches and officials with respect and dignity regarding language, attitude, behavior and mannerisms. Violations of this rule are disciplined according to the Consequences Policy (see below).
-  Respect the property and equipment used at any sports facility, both home and away.
-  Encourage good sportsmanship through their actions by demonstrating positive support for all wrestlers, parent/guardians, coaches and officials at every match and practice.
-  Treat other wrestlers, coaches, officials, parent/guardians and spectators with respect, regardless of race, color, creed, sex or ability.
-  Treat their training partners in practice with respect and should not intentionally harm or perform any moves not taught in the BVWC program.
-  There will be no biting, scratching, punching, etc. to other wrestlers, coaches or parent/guardians.

Consequences for Wrestlers:

1. Verbal warning from coaches
2. In-practice discipline or suspension
3. Parent/Coach conferences to discuss behavioral problems
4. Tournament suspensions
5. Removal from the BVWC program

WRESTLER/PARENT CODE OF CONDUCT SIGNATURE PAGE

In order to participate in the Brazos Valley Wrestling Club (BVWC), this form must be signed and dated. Failure of the wrestler and parent/guardian to read and sign the code of conduct will automatically render the parent/guardian and child ineligible to participate in BVWC activities and meets. In addition, by signing this Pledge, wrestlers and parent/guardians agree to abide by the guidelines set forth above, and to conduct themselves in the appropriate manner. Failure to abide by this Code of Conduct set forth will automatically render the parent/guardian and child ineligible to participate in or attend any BVWC sponsored event. Your signatures acknowledge that BVWC's Coaches and Board Members have the sole right to enforce this Code of Conduct.

BVWC Wrestler:

(First & Last Name)

(Date)

Parent/Guardian:

(First & Last Name)

(Date)

PARENTAL CONSENT FOR PHOTOGRAPHIC/VIDEO USE OF CHILD

I, (print parent's name) _____

being the parent or legal guardian of (name of child) _____

give permission for Brazos Valley Wrestling Club (BVWC) to take and use publicity photographs/video for upload to BVWC website, social media, and other outlets where they may be viewed by the public.

I also consent to use of the photos for publicity, marketing, and advertising for BVWC. I agree that the photos/videos may be combined with other images, text and graphics and may be cropped, altered or modified in a way that is deemed appropriate.

I understand that the child's name(s) will not be given to press or public without my consent. I also understand that I may cancel this permission in writing to brazosvalleywrestlingclub@gmail.com and that BVWC will take reasonable steps to ensure that the photos/videos are withdrawn from future use.

I further understand that I shall receive no remuneration (payment, fee, salary) for this assistance.

Parent/Guardian: _____

(First & Last Name)

(Date)



USA wrestling

Medical Information & Waiver Forms

This packet contains medical information forms and a sample waiver and release from liability form. In today's climate of insurance claims and liability action, the use of these forms is mandatory by your club and/or league.

Parent's Medical Instructions

This form can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment.

Medical History Questionnaire

If you are traveling and one of your athletes needs medical attention, this information can be of great value to an attending physician.

The parent's Medical Instruction and the Medical History Questionnaire for each athlete should be kept in a sealed envelope with his name on the outside in or with the club's medical kits. It is recommended that the kit also should have a list of emergency phone numbers for each club member, along with the standard 911, police, ambulance, fire, etc., phone numbers.

Participant's Waiver and Release From Liability Form

This form provides the club administration a copy of a standard participant's waiver and release from liability form. It is mandatory that club administrators have this form signed in addition to the form attached to the membership card. **Failure to obtain a waiver and release on members will result in a loss of insurance coverage.**

Please keep medical forms for no less than 18 months.

You must keep all Waiver and Release forms for 7 years.

USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s):

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Wrestler's USA Wrestling Card No. _____

Name of Club Brazos Valley Wrestling Club

Coach's Name John Humphries Phone Number 832-549-5786

USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: _____ USA Card No.: _____

Emergency Contact: _____ Phone No.: _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) _____
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed

- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.

- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly _____
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
Heart disease (rheumatic fever) Liver disease (hepatitis)
Kidney disease (infections) Lung disease (pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly _____
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each _____
- Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each _____
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. _____

- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
Permanent bridge Permanent crown or jacket
Braces Full plate Removable partial plate
Permanent retainer Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened _____
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury.

- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.

- Yes No 18. Have you ever had an injury to your back?
- Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently With vigorous exercise With heavy lifting
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?
- Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____
- Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?
- Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

- Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

**USA Wrestling
Waiver and Release from Liability**

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby **FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.**

2. Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. **RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.**

3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant's Signature)

(Date)

(Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to minor)