



## 2018-2019 SIGN-UPS

### Welcome to the Kansas Young Guns 2013, 2014 & 2016 State Team Champions!

We are excited to train your wrestler!

In our club we teach great Basic and Advanced wrestling skills. We also teach good sportsmanship, self-discipline, setting and achieving goals, teamwork and respect.

We have four groups of wrestlers. Our Little Guns will focus on fundamentals of wrestling and the basics of the KYG System. Our Big Guns will focus on basic techniques and learning the KYG System. The Extreme Guns and Elite Guns will practice advanced techniques. No matter how old you are or your experience level, you can be involved and compete.

Come check us out and join the *Kansas Young Guns*.

#### Sign-ups:

- **Where:** Challenger Intermediate 325 N. Walnut Goddard. West side of building door 17 will be unlocked for sign-ups.
- **When:** Monday 09/03/2018 and 09/05/2018 from 6:00-7:30 pm.
- **Who:** Ages 4 thru 15 from Novice to the Experienced. Also any High Schooler is welcome.
- **Tournament Schedule:** Coaches will discuss schedule and will post in the room by the end of November
- **Additional sign-ups:** Can be done by mailing forms to KYG PO Box 148 Goddard Ks 67052
- **Attention:** Any sign-ups done after October 31<sup>st</sup> will have a price increase of \$25

#### Cost:

- **Little Guns:** \$125 club fee
- **Big Guns, Extreme & Elite Guns:** \$185 club fee
- **USA Wrestling Card-** Wrestler \$40 Coach \$45
- **Singlet-**\$70 after October 31<sup>st</sup> \$90
- Only \$130 for each additional child for club fee.
- \*\$150 deposit on parent participation at the Kansas Young Guns Shoot Out Tournament.
- \*We will host a tournament at the Goddard High School in January 2019, parent participation is **MANDATORY**. After you help, we will return or tear up your check. This tournament is our only fundraiser of the year.
- Parents are expected to work the District 2 Qualifying State tournament and the Kids State tournament in Topeka, if your child qualifies.

#### Practice Info:

- Little Guns and Big Guns Practice: Monday, Tuesday and Thursday 5:30- 6:30 pm
- Extreme and Elite Guns Practice: 6:00 - 8:00 on Monday, Tuesday & Thursday
- No practice if school is canceled that day due to weather. Check the Facebook site for updates. We follow the Goddard school district decision.
- **Practice Location:** We are in the Challenger Intermediate School 325 N. Walnut in Goddard. Entrance is on the west side of the building enter through Door 17.
- **Do not try to enter thru the front doors of the school on practice days; the doors will be locked.**

**ANY QUESTIONS OR CONCERNS, PLEASE CALL FOR INFORMATION**

**Michael Atkins 316-213-7552 Jammie Atkins 316-213-2672**

**E-mail: [kansasyoungguns@aol.com](mailto:kansasyoungguns@aol.com)**

**Look us up on Facebook Kansas Young Guns Wrestling**

# Kansas Young Guns

CK # \_\_\_\_\_ Club Dues  
CK # \_\_\_\_\_ C/F or USA Card  
CK # \_\_\_\_\_ Singlet  
CK # \_\_\_\_\_ Tour. Deposit

## PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 09-01-18 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REQUIRED:** Email address \_\_\_\_\_

Place of Business \_\_\_\_\_ 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 / 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 line below!***

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: *Kansas Young Guns*

Coach's Name: Michael Atkins \_\_\_\_\_



# KANSAS YOUNG GUNS / 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 KEPT 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
- 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 this form have been answered completely and truthfully to the best of my knowledge.*

Wrestler's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_