

RENFREW AMATEUR WRESTLING CLUB REGISTRATION FORM

% Olympic Freestyle/Greco Roman \$85.0

0

% Male athlete % Female athlete % Coach other member (specify) _____

Name of member: _____ DOB ____/____/____
First Middle Last day mo. yr.

Address: _____
Street/civic Town Postal Code Telephone

Cell Phone: _____ Email Address: _____ or _____

% prefer Text Alternate Phone numbers: _____

Medical Info.

Allergies: _____ Medication: _____

Will medications be carried with the wrestler: __ Yes __ No

Are there any medical conditions that the coaching staff needs to be aware of:

% Yes N

0

i.e. Bed wetting, Ear problems, Headaches, Motion sickness, Nightmares, Sleep walking, Respiratory ailments, fears, medications not allowed, other: EXPLAIN: _____

% Please check

% I hereby authorize the team coach in my absence, to secure such medical treatment as may be deemed necessary for the health and safety of my child or ward.

% I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health Insurance and the RAWC plans.

% I have reviewed the RAWC Wrestlers's handbook and will abide by the RAWC policies.

% I hereby give my written consent without limitations or conditions to the RAWC to use pictures, or any other likeness of my child in publications or promotional materials.

The RAWC requires volunteers to help on committees and club events. Please strongly consider sitting on a sub-committee &/or helping in your youth's sport in some capacity.

% Fund Raising - help organize fund raising events, etc.

% Promotions and Special Events - parades other outings

% Recruitment and Development - Registration, organize clinics, etc.

% Operations / Equipment - move mats, set up for tournaments, etc.

% I am interested in helping tournament days and in preparing for the tournaments.

Parent/Guardians printed name: _____ Address /phone number if different from above: _____

Parent or Guardian Signature: _____

Registration cost: \$85 % Cash

RAWC Ban

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Received by: _____ Date: _____

Funds are not refundable once the OAWA registration has been completed.

Ontario Amateur Wrestling Association (OAWA) Membership Agreement/Waiver

ALL SPORT, INCLUDING WRESTLING, HAS ITS RISKS

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I participate in the sport of Wrestling because it is physically and mentally challenging. I know that there are physical risks and hazards inherent in Wrestling, as there are in most sports. These include but are not limited to:

Muscular injuries resulting from vigorous physical exertion.

Injuries to the eyes, teeth, face and other parts and bruises and scrapes resulting from falling to the Wrestling mat or colliding with opponents.

Serious injuries, including permanent or temporary, total or partial disability, disfigurement, paralysis, and any other losses or damages to person or property or death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my/my child's participation; and, additional risks associated with my travel to and from events, and associated with non-competitive activities related to events and other activities.

I AGREE TO BE RESPONSIBLE FOR MYSELF. I am participating voluntarily in Wrestling. I agree that there are risks in Wrestling, as described above. By participating voluntarily in Wrestling, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in Wrestling.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: the Ontario Amateur Wrestling Association, the Wrestling Club as listed above/herein, the Canadian Amateur Wrestling Association, and each of their respective directors, officers, employees, coaches, officials, volunteers and members.

I also verify that I am aware of the OAWA Harassment Policy and Code of Conduct and Privacy of Information Policy, and agree to abide by/be bound by these policies. I Consent to the collection, use, and disclosure of this information as required to facilitate my participation in OAWA and related programs. I further consent to the disclosure of my personal information to the Canadian Amateur Wrestling Association as required for the participation in programs of that organization. Coaches consent to the release of their home phone numbers and other similar information for use in the promotion of the club they are involved in at the discretion of the OAWA. I hereby grant the Ontario Amateur Wrestling Association the irrevocable right to use and disclose, at their sole discretion, any information about me and my participation in Association programs for publicity, advertising, or other promotion of the Association or its programs or for the purpose of acknowledging or publicizing my achievements at events. I understand that this may include written, pictorial, or video materials.

Please check below to acknowledge your agreement:

% I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

Or, I am the Parent or Legal Guardian if the applicant is under 18 years of age and I have read, understand, and agree to the above.

% I agree (or as the parent of the above-noted athlete under 18 years of age I agree on their behalf) that I (they) will NOT participate in any unsanctioned events or Professional combative sporting events (boxing, MMA, etc.). If I do so, I accept that my membership in OAWA will be automatically terminated. I will not be eligible to participate in any OAWA sanctioned events. I will be able to appeal the suspension, or apply for re-instatement as a member after a period of one year. Appeal/re-instatement fees will apply. I agree to forfeit all membership fees paid resulting from my termination.

% I agree (or as the parent of the above-noted athlete under 18 years of age I agree on their behalf) that I (they) will notify their coach in the event I (they) sustain any injury whether received participating in another sporting event or in any other manner. Failure to do so may result in suspension of membership privileges and may result in my withdrawal from participation in events.

% Coaches Only - I agree that as part of this membership agreement, I will provide a full background check as directed by the OAWA. My membership is not final until I complete this process.

Parent/Guardian Signature: _____ Date: _____