

2022-2023 Youth Wrestling Registration

Please fill out the registration form below. Payment can be made by Venmo or in person with check or cash at Registration Night on November 14, 2022 from 5:30-7:00 pm.

* Required

1. Email *

2. Wrestler Registration Dues *

Mark only one oval.

First Year Wrestler, 2 months & USA Card - \$80.00 (no previous wrestling)

Full Season & USA Card - \$125.00

Wrestler Information

3. First Name *

4. Last Name *

5. Date of Birth *

Example: January 7, 2019

6. Gender *

Mark only one oval.

Male

Female

7. School *

8. School District *

9. Grade *

Mark only one oval.

4K

5K

First

Second

Third

Fourth

Fifth

Sixth

Seventh

Eighth

10. Other Sports Participated In *

Check all that apply.

- Cheer & Gymnastics
- Cross Country & Track
- Baseball
- Basketball
- Football
- Golf
- Soccer
- Swimming
- Tennis
- Other: _____

11. Shirt Size *

Mark only one oval.

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large
- Adult XX-Large

12. Street Address *

13. City *

14. State *

15. Zip *

Parent/Guardian Information

16. Parent/Guardian First Name (1 of 2) *

17. Parent/Guardian Last Name (1 of 2) *

18. Parent/Guardian Cell Phone (1 of 2) *

19. Parent/Guardian Email (1 of 2) *

20. Parent/Guardian Address (1 of 2) *

21. Parent/Guardian First Name (2 of 2)

22. Parent/Guardian Last Name (2 of 2)

23. Parent/Guardian Cell Phone (2 of 2)

24. Parent/Guardian Email (2 of 2)

25. Parent/Guardian Address (2 of 2)

Emergency & Medical Information

26. Primary Emergency Contact First Name *

27. Primary Emergency Contact Last Name *

28. Primary Emergency Contact Phone Number *

29. Relationship to Player *

30. Secondary Emergency Contact First Name *

31. Secondary Emergency Contact Last Name *

32. Secondary Emergency Contact Phone Number *

33. Relationship to Player *

34. Medical Insurance Company *

35. Medical Insurance Policy Number *

36. Medical Insurance Policy Holder *

37. Physician's Name *

38. Physician's Phone Number *

39. Hospital of Choice *

40. Dental Insurance Company *

41. Dental Insurance Policy Number *

42. Dental Insurance Member ID:

43. Dentist's Name *

44. Dentist's Phone Number *

45. Is your child presently on medications? *

Mark only one oval.

Yes

No

46. If yes, Please list medications:

47. Does the player have any allergies that we need to be aware of? *

48. Does the player have any drug sensitivities that we need to be aware of? *

49. Does the player have any other medical conditions that we need to be aware of? *

50. Has your child ever had a concussion? *

Mark only one oval.

Yes

No

51. If yes, how many?

52. Has your child ever experienced concussion symptoms? *

Mark only one oval.

Yes

No

53. If yes, did you report them?

Mark only one oval.

Yes

No

54. Parental Instruction Concerning Medical Treatment *

Check all that apply.

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

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

**Photo &
Name
Permission**

From time to time, the DDYWC may have the opportunity to publish photos of individuals who wrestle for the club. We need parental/guardian permission to use photos of your child when opportunities arise.

55. DDYWC has permission to print my child's **PHOTO** in print media (newspapers/magazines) *

Mark only one oval.

Yes

No

56. DDYWC has permission to print my child's **NAME** with any printed photos in print media *

Mark only one oval.

Yes

No

57. DDYWC has permission to use my child's **PHOTO** on the team website and Facebook page *

Mark only one oval.

Yes

No

58. DDYWC has permission to use my child's **NAME** on the team website and Facebook page *

Mark only one oval.

Yes

No

59. DDYWC has permission to publish my child's **NAME** in lists that may be printed in local newspapers with no accompanying photo *

Mark only one oval.

Yes

No

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