

Springfield Capitals Kids Wrestling Club Welcome Wrestling Parents

Parent Meeting

Parent meeting on **Tuesday, October 28, 2008 at 7:00 P.M.** in the **Springfield High School Cafeteria, at 101 S. Lewis St.** All registration materials must be turned in before a wrestler may participate in any activities (liability issues, etc). Each registered wrestler will receive a **FREE T-shirt & Shorts** as part of their registration fees. Also, if you qualify for "Free or Reduced Lunch," please let Coach Williams know.

Contacts:

Visit our website: www.capitalswrestling.org.

Coach Williams, Club President & Head Coach-Beginners, h-698.757/c-415.4720/illiams@Springfield.k12.il.us
Coach Kinison, Head Coach-Advanced Wrestlers, h-522.1987.

Volunteers

Volunteers are the backbone of our program. If you would like to assist, **VOLUNTEERS ARE NEEDED** for a variety of responsibilities: Practice coaches, van drivers, tournament workers, fundraisers, webmaster, recruiters, equipment manager, publicity coordinator, travel coordinator, strength & conditioning coordinator, attendance recorder, etc. Your expertise can be used. Please Contact Coach Williams.

Practices

Practices are held in **Lanphier HS Gardner Gymnasium Tues. & Fri.: Beginner Wrestlers = 6:30 to 8 P.M.; Advanced Wrestlers = 6:30 to 8:15 P.M; and Mon. for Advanced Wrestlers only@Southeast HS.** Check with your wrestler to see if any club information was given to them. If District 186 cancels school, there is no practice also, unless a coach says. No zippers on shorts or shirts. Only wrestling shoes are allowed on the mats. NOTE: Wrestlers will not be able to practice until **ALL** forms are in!!

Tournaments

Tournament entry forms will be passed out as we receive them or posted on our website. Please pay close attention to the pre-registration date deadline. Most of the tournaments are 30 to 60 minutes away. They start early in the morning and end mid afternoon. There is usually a parent/visitor admission fee, and a \$10-\$15 wrestler registration fee. Wrestlers check in, and will then be sent to the weigh-in area in their singlet. A body check for skin rashes will be done. If your wrestler has a rash of any kind, please see a physician, and see Coach Williams for a special form that is required to be filled out by the physician. Shoelaces are to be secured, and fingernails clipped. The hosting club will bracket the wrestlers, so that you will know who your wrestler will be matched up against. They try to stay within 5 pounds and a two year age category. We would like for the team to sit together as much as possible. At most meets your wrestler will wrestle 3 times, but not always. Do not bring valuables, as the club will not be responsible for lost or stolen items.

The Match

A coach will be at the mat to coach your wrestler, except for the IKWF Open meet. Matches are usually 3 periods, 1-1.5 minutes for each period. The wrestlers start out on their feet facing each other. Second period starts with a coin flip, the winner gets to pick if he wants bottom, top, facing his opponent on his feet, or let the opponent have the second period option. He would then get the third period option. Wrestlers are awarded two points for a take down, two points for a reversal, one point for an escape & 2-3 back points may be awarded during a match for a close but not final pin.

Team Pictures

Individual & Team pictures will be taken on **Tue., Dec. 9th, 6:30pm@Lanphier Gardner Wrestling Gym.** Have your wrestler **wear** their **Team T-Shirt** to practice. A form will be sent home at a later date.

Awards Reception

There will be an Awards Reception tentatively on **Monday, March 23, 2009.**

Wrestlers Code of Conduct

1. All wrestlers will follow all rules and regulations established by the Wrestling Club.
2. No wrestler is to be under the influence of drugs or alcoholic beverages at any time.
3. No wrestler is to possess drugs or alcoholic beverages at any time.
4. Wrestlers are not allowed to use tobacco in any way at any time.
5. No wrestler is to physically or verbally abuse any coach or fellow wrestlers.
6. Wrestlers must listen to and follow the directions of all coaches.
7. Wrestlers are not to be disruptive during practice, meets, or tournaments.
8. At all times, wrestlers must conduct themselves in a mature manner.
 - a. No unsportsmanlike yelling or cheering if a wrestler is hurt.
 - b. Win or lose, wrestlers must shake hands and congratulate their opponent.
 - c. No vulgar or obscene gestures of any kind should ever be made by a wrestler.
9. No wrestler is to use abusive and/or profane language before anyone connected with a Springfield Capitals Kids Wrestling Club function (practices, tournaments, etc).
10. All wrestlers are to treat all Club property & equipment with respect (uniform included).
11. Wrestlers must participate in all fund-raising programs, if applicable.
12. Wrestlers must attend scheduled practices.
13. Unlawful actions will be reported to the proper authorities & are grounds for dismissal from the program
14. The Springfield Capitals Kids Wrestling Club is the guest of Springfield schools and any school where tournaments & meets are held. Respect all property accordingly.
15. Violation of this code of conduct will result in disciplinary action by the board, up to and including dismissal from the team.
16. Any school or law enforcement punishment will be upheld by the Club. (i.e.; a child suspended from school, will also be suspended from the program for the same amount of time. Possibly resulting in a tournament suspension.) _

Parents Code of Conduct

1. All parents will follow all rules and regulations established by the Wrestling Club.
2. No parent or fan is to possess drugs or alcoholic beverages at practices or tournaments (Home or Away).
3. No parent or fan is to physically or verbally abuse another parent, fan, coach, wrestler or referee.
4. All parents are to conduct themselves in a sportsmanlike manner: a. No unsportsmanlike yelling, such as: booing, teasing, or cheering if a wrestler is hurt. No instructions to take specific advantage of any injury incurred by an opponent while wrestling; b. No unsportsmanlike gestures of any kind will be allowed
5. All parents and fans are to refrain from using profane or abusive language before anyone connected with a Club function.
6. No parent or fan is to abusively yell or give abusive gestures to the referees or coaches at any time.
7. No parent is to interfere with practices, meets or coaching at any time. Parents may observe, but are to wait until before or after practices to talk with the coaches. Coaches will be glad to talk to parents about any problem before or after practices or meets.
8. Please see that your child is picked up at the designated time after practice. The coaches will try to finish practice as close to the designated time as possible.
9. Please explain to your child that the equipment is the property of the club. Keep equipment clean and presentable at all times. Any missing or damaged equipment is the responsibility of the parents.
10. Please remember the club and its projects, such as working at the home meet, any fund-raisers, etc. **We need ALL parents** to get involved.
11. Please remember that this program is for our youth, but in no way is it to be used as an excuse for unfinished homework. Explain this to your child so he/she can plan his/her time wisely.
12. Each family will be required to participate in fundraisers.
13. Parents are responsible for any family members attending a Club function.
14. Parents, as well as their athletes, will be held responsible for their code of conduct.

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 _____

Club: Springfield Capitals #141

**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 "Releasees") 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 which 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)
(Relationship to minor)

(Date)

(Print Name)

Information/Waiver Form

Please Submit One Registration Form per wrestler (Duplicate as needed)

Wrestler's Name: _____ Birthdate ____/____/____
 Address _____ City _____ Zip _____ Age ____ Grade ____
 Home Phone _____ E-mail _____
 Mother _____ W-Phone _____ C-Phone _____
 Father _____ W-Phone _____ C-Phone _____
 Emergency Contact Name _____ Phone _____
 Insurance Co _____ Policy# _____
 Family Doctor _____ Phone _____
 Is your child on medication? _____ If yes, list medications _____

Drug sensitivities & allergies _____

Please read the statements below & sign under 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 _____

2. If my child needs medical attention 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 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 _____

Waiver of Claim & Release of Liability 20__-__

The undersigned, by signing this waiver of claim & release of liability acknowledges that there is certain risk associated with wrestling, and any of which could result in property damage or bodily injury. These risks include, but are not limited to warm-up, practice, performance, or transport of wrestlers.

In consideration for the consent & right given to the undersigned to wrestle in the Springfield Capitals Kids Wrestling Club & with the full understanding of the inherent risks involved, the undersigned does/do, by signing below, expressly assume all risks of any nature whatsoever & does/do hereby release & forever discharge the Springfield Capitals Kids Wrestling Club, their officers, directors, coaches from any claim or liability of property or bodily injury of any nature whatsoever arising out of the Springfield Capitals Kids Wrestling Club operation, & the undersigned does/do acknowledge full & total personal insurance responsibility while participating with the Springfield Capitals Kids Wrestling Club.

Parent/Guardian Signature _____ Date _____

Educational Release

I allow the Springfield Capitals Kids Wrestling Club access to my child's Grades & attendance records for the sole purpose of monitoring whether they will be eligible for wrestling practice & tournament participation with the Wrestling Club.

Parent/Guardian Signature _____ Date _____

Photo Release

I allow the Springfield Capitals Kids Wrestling Club to take photos of my child for the team photo, individual photo, or action photo for the sole purpose of promoting the Wrestling Club.

Parent/Guardian Signature _____ Date _____

