



## 2017-2018 Southern Boone Area YMCA Southern Boone Wrestling Club

The Southern Boone Area YMCA is excited to offer Southern Boone Wrestling Club for the youth (boys and girls) 5 years old through 14 years old. We will put an emphasis on learning fundamentals, sportsmanship, and hard work while instilling confidence in the kids on and off the mat.

Your registration of **\$80 for YMCA members** and **\$100 for non-members** will include USA Wrestling Card, team t-shirt, insurance, practice sessions, and singlet. Your wrestler is encouraged to purchase their own head gear, knee pads, and wrestling shoes but it is not required.

**Singlets:** The singlets are owned by the YMCA. Parents are required to put down a deposit check of **\$75** made payable to **Southern Boone Area YMCA**. Once singlets are turned back in, the checks will be returned. If singlets are not turned back in, your check will be cashed.

**Practices:** All practices will be held at the Southern Boone Middle School Cafeteria. 6U/8U/10U will practice from 7-8 p.m. and 12U/14U practice from 8:15 – 9:15 p.m. Currently, the high school team is not able to start practice until 5 pm. Practice times will start earlier in January 2018 once the high school team can start at 3:30 p.m.

**Competition:** We will have a list of tournaments that the kids will be able to compete in. Each child may compete in as many tournaments as they want. Tournament fees **are not** included in their registration. Tournament fees range between \$15 and \$20.

**Parent Volunteer Coaches/Assistant Coaches:** Our program relies on volunteer coaches. Steve Wilmoth and Mike Bauer will be our head coaches. Both gentlemen come from an extensive wrestling background. If there are any other parents or volunteers interested in helping, please contact Kip Batye at 573-657-9600.

**Parent Meeting:** There will be a mandatory parent meeting on October 26th at 7pm at the Middle School Cafeteria. Any child that is participating in the program must have a parent in attendance at this meeting. The meeting will cover details of the program and also allow parents to ask any questions they may have.

**Registration:** All registration forms should be completed online at [www.southernbooneymca.org](http://www.southernbooneymca.org), stop by the Y, or complete the attached form with payment and mail to:

**Southern Boone Area YMCA  
P.O. Box 56  
Ashland, MO 65010**

### **REGISTRATION DEADLINE: NOVEMBER 3<sup>rd</sup>, 2017**

A LATE FEE OF \$20 WILL BE ASSESSED IF TURNED IN AFTER THE DEADLINE

Please call the Southern Boone Area YMCA at 573-657-YMCA with any questions or visit [www.southernbooneymca.org](http://www.southernbooneymca.org). You may also e-mail Kip Batye at [kbatye@jcmca.org](mailto:kbatye@jcmca.org)



### Southern Boone Wrestling Club

#### WRESTLER INFORMATION

Wrestler's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female (circle one)

Address: \_\_\_\_\_

**2017 -2018** Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ YMCA Member (circle one) Yes or No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Shirt Size (circle one): Youth: S M L XL Adult: S M L XL 2XL

Allergies/Health Concerns/Medications: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Receive Texts: Yes or No (circle one)

Parent/Guardian Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Receive Texts: Yes or No (circle one)

Parent Email (that is regularly checked): \_\_\_\_\_

**We need volunteers! Parent/Guardian/Adult willing to help:** \_\_\_\_\_

#### LIABILITY RELEASE

I, the undersigned, request permission for \_\_\_\_\_ (Participant Name) to enter the Southern Boone Area YMCA (hereinafter "the YMCA") in Boone County, Missouri and to participate in any YMCA activities including but not limited to: YMCA Fitness Center, all sporting and recreational activities and any off-site associated with the YMCA (hereinafter "YMCA activities"). I know and I assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and/or participate in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as, all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities to the extent those injuries and damages arise from the negligence of any fault of the YMCA.

I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary.

**I CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING REQUEST AND RELEASE. I ALSO UNDERSTAND THE YMCA'S CREDIT AND REFUND POLICY.**

In witness whereof, I have executed this request and release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

<u>For YMCA Use Only</u>		<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Daxko Receipt _____	Clerk _____	\$ _____	pd
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