



Sudbury Youth Wrestling

Winter 2017-18 - Grades 3-8

ABOUT THE CLUB

Sudbury Youth Wrestling, founded in 2000, is a non-profit organization run by volunteer coaches. SYW, part of Friends of Sudbury Wrestling, is affiliated with the Mass. Youth Wrestling Association and is one of over 75 similar organizations in Massachusetts. Practices are held Tuesday and Thursday nights 6-7:30 PM at Lincoln-Sudbury Regional HS and will begin November 28.

The primary goal of the program is to introduce 3rd-8th graders to amateur folkstyle wrestling in a competitive environment, foster a young wrestler's potential through their commitment to the sport and act as a feeder program for the L-S High School wrestling team. No prior experience is necessary and is open to all students from Lincoln and Sudbury.

REGISTRATION

Registration is available via attached form or online at www.sudburywrestling.com.

MEMBERSHIP/FEES

The fee for the 2016-17 season is \$200 and covers facility rental fees, equipment, insurance coverage and club t-shirts.

SCRIMMAGES

Wrestlers participate in scrimmages in December and January with other local wrestling clubs. No standings, team scores or wins/losses are recorded at scrimmages. These are usually held Friday nights or Saturday mornings.

TOURNAMENTS/DUAL MEETS

Tournaments and dual meets are scheduled throughout New England many weekends in December, January, February and March. Coaches, parents and wrestlers decide which tournaments they will compete in.

For additional information, please contact:

Joel Mode
Sudbury Youth Wrestling
978-440-9923
sudburyyouthwrestling@gmail.com
or
www.sudburywrestling.com



Sudbury Youth Wrestling Winter 2017-18 Registration Form

(Please print clearly and include ALL email addresses)

Wrestler's Name: _____
(First) (Last)

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Grade: _____

Approx. Weight: _____ Approx. Height: _____

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Mother's Cell: _____ Father's Cell: _____

Emergency Contact/Phone Number: _____

Insurance Company: _____ Subscriber Number: _____

T-Shirt Size (please circle one)

Youth Size: YL **Adult Size:** S M L XL

Registration Information

Please send \$200 registration fee (payable to Friends of Sudbury Wrestling) and a completed Registration Form to:

**Friends of Sudbury Wrestling
20 Willow Road
Sudbury, MA 01776**

**Any questions? Call Joel Mode at (978) 440-9923
or email**

sudburyyouthwrestlingmail.com

Sudbury Youth Wrestling Waiver and Release of Liability

DISCLAIMER: SUDBURY YOUTH WRESTLING, FRIENDS OF SUDBURY WRESTLING, LINCOLN-SUDBURY REGIONAL HIGH SCHOOL, ITS AGENTS, OR EMPLOYEES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN SUDBURY YOUTH WRESTLING FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF SUDBURY YOUTH WRESTLING, FRIENDS OF SUDBURY WRESTLING, LINCOLN-SUDBURY REGIONAL HIGH SCHOOL, ITS AGENTS, OR EMPLOYEES.

In consideration of my child's participation, I hereby release and covenant not-to-sue Sudbury Youth Wrestling, Friends of Sudbury Wrestling, Lincoln-Sudbury Regional High School, its agents, employees, instructors, or coaches from any and all present and future claims resulting from ordinary negligence on the part of Sudbury Youth Wrestling, Friends of Sudbury Wrestling, Lincoln-Sudbury Regional High School or others listed for property damage, personal injury, or wrongful death arising as a result from ordinary negligence, both present and future, that may be made by me, my child, my family, estate, heirs, or assigns.

Further, I am aware that Wrestling is a vigorous sport involving cardiovascular stress and physical contact. I understand that Wrestling involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs; and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that Wrestling involves a risk of knee, head, and neck injury. In addition, I understand that participation in Wrestling involves activities incidental thereto, including, but not limited to, travel to and from the site for the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily allowing my child to participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, my child's personal injury, or my child's death.

I further agree to indemnify and hold harmless Sudbury Youth Wrestling, Friends of Sudbury Wrestling, Lincoln-Sudbury Regional High School and others listed for any and all claims arising as a result of my child engaging in or receiving instruction in the Sudbury Youth Wrestling activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Massachusetts and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Massachusetts.

I hereby give permission for video and/or photographic images of the minor, taken during activities, to be used for purposes of promoting Sudbury Youth Wrestling.

I affirm that I am of legal age and am freely signing this agreement for my child to participate in Sudbury Youth Wrestling. I have read this form and fully understand that by signing this for I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Sudbury Youth Wrestling, Friends of Sudbury Wrestling, Lincoln-Sudbury Regional High School, or any parties listed above.

Date: _____

Printed Name of Participant: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____