



2017 - 2018 Team Braves Membership Application

Wrestler's Name:		Age:	Date of Birth:
Parent(s)/Guardian(s) Name(s):			
Address:			
City:	Zip Code:	Email Address:	
Phone:		Cell Phone:	
Emergency Contact:	Phone 1:	Phone 2:	
Emergency Contact:	Phone 1:	Phone 2:	

PARENT OR GUARDIAN CONSENT TO PARTICIPATE

I, _____, give my permission for _____
(parent's name) *(Child's Name)*
to participate in the sport of wrestling with Team Braves Wrestling Club. I understand that this permission increases the exposure of my child to unforeseen circumstances which Team Braves Wrestling Club, Cheyenne Central High School or Laramie County School District #1 are not held liable.

Each wrestler who participates in this wrestling program automatically agrees to allow UWW, USA Wrestling, and Team Braves Wrestling Club to use his/her filmed or photographed image for the promotion of the program, competition or of competitions to come. If a wrestler refuses to agree to these conditions, he/she will have to make this clear at the time of registration and, may therefore be excluded from participation.

Parent or Guardian Signature:

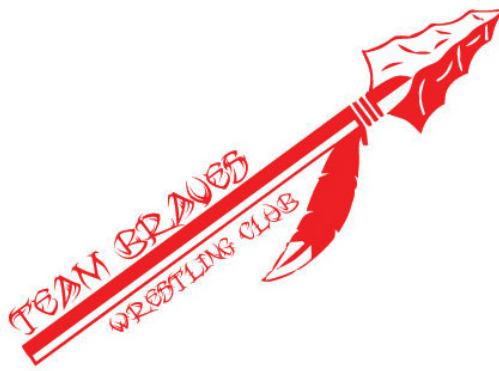
Date:

OFFICE USE ONLY

Copy of Birth Certificate: _____

Membership Fee \$ _____ : Cash _____ Check# _____ Credit/Debit Card _____

Membership Fee is not refundable.



Medical Release Form

Wrestlers Full Legal Name: _____
First Middle Last

Insurance Information: _____
Insurance Provider Name Policy Number

Parent / Guardian Name: _____
First Middle Last

() - () - () -
Home Phone Work Phone Cell Phone

Parent / Guardian Name: _____
First Middle Last

() - () - () -
Home Phone Work Phone Cell Phone

Is your child allergic to any medications? Yes No

If yes, please list: _____

Does your child have any medical conditions that might limit his/her abilities? Yes No

If yes, please describe: _____

Is your child currently on any medications? Yes No

If yes, please list: _____

If my child needs medical treatment while participating, be it at practice, at a tournament, or any other time my child is in the care of [Team Name Here] or any of the team's representatives, it is my wish that 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 or other medical personnel believe is needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

Parent / Guardian Signature

Date

Parent / Guardian Name (Printed)



Wrestler Code

Team Braves Wrestling Club places great importance upon helping young student-athletes by involving them in an athletic program which builds character, self-esteem and emphasizes team work. Discipline, hard work, and cooperation act as the foundation of this effort. In that vein we have developed these standards by which we expect each wrestler to abide by.

How you conduct yourself on and off the mat is the way that everyone will perceive you and also how the community will look upon you, Team Braves Wrestling Club , our associated league(s) and the sport of wrestling.

1. I understand that disruptive behavior and failure to follow instructions are grounds to be dismissed from practices, dual meets, tournaments and any other club functions.
2. I agree to encourage my teammate's efforts and **NOT** criticize their mistakes.
3. I agree to conduct myself in a sportsman like manner at all times while attending all wrestling events, including practice. Violations of sportsmanship are considered physical or non-physical acts and can occur before, during, or after a match. They include, but are not limited to failing to comply with the directions of the referee, pushing/shoving, biting, striking, kicking, swearing, taunting, throwing headgear, spitting, and indicating displeasure with a referee's judgment call.
4. I understand that the above listed standards are not negotiable and must be adhered to.

Consequences can include but are not limited to the following;

1. Warning from coach and/or Board member. An apology to involved parties and/or Team Braves Wrestling Club.
2. Second warning, probation and meeting with wrestler, parents, coach and board member(s).
3. Meeting with board members and 2 week suspension.
4. Dismissal from the club for the remainder of the season, including post season tournaments. Must petition the Team Braves Wrestling Club board of directors for reinstatement.

Actions are at the Boards discretion and are determined by the severity of infraction.

I have read and accept this Code of Conduct. I recognize that this Code of Conduct does not establish a complete set of rules which prescribes every aspect of appropriate behavior and/or penalties.

Wrestler Signature

Date

Parent Signature