

# PLEASANT HILL WRESTLING CLUB 2019-2020

## CONTACT INFORMATION (PLEASE PRINT)

Wrestler Name \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ Grade \_\_\_\_\_ Aprx Weight \_\_\_\_\_ lb

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_ Parent 2 Cell \_\_\_\_\_

Parent 1 Email \_\_\_\_\_ Parent 2 Email \_\_\_\_\_  
Please print Please print

## EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*NOTE: Please verify and provide your emergency contact with your child's medical history including medical insurance plan and numbers.**

Special Needs/Allergies/Skin Conditions \_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Club Fee

K-4<sup>th</sup> \_\_\_\_\_ \$45 Paid by: CHECK \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD +\$2 \_\_\_\_\_

5<sup>th</sup>-8<sup>th</sup> \_\_\_\_\_ \$75 Paid by: CHECK \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD +\$2 \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_

## **WRESTLER'S AGREEMENT**

I agree to participate with Pleasant Hill during the 2018-2019 season or until I am given a release from the Pleasant Hill staff.

## **CODE OF CONDUCT**

As a wrestler, I understand that I must follow these rules to be in good standing:

1. Respect the sport, play fairly and follow it's rules and regulations.
2. Show respect for authority to the officials of the sport.
3. Demonstrate good sportsmanship before, during and after events.
4. Be courteous to opposing teams and treat all wrestlers and coaches with respect.
5. Be modest when successful and gracious in defeat.
6. Respect the privilege of the use of public facilities.
7. Refrain from the use of drugs, tobacco, alcohol and abusive language.

---

**WRESTLER'S SIGNATURE**

**DATE SIGNED**

## **PARENTS PLEDGE**

I recognize that parents are the most important role models for their children and that athletics help to develop a sense of teamwork, self worth and sportsmanship. I encourage my child to play by the rules and respect the rights of others. I understand it is important to enforce the rules of play and set conduct standards as necessary components in athletics and life.

## **CODE OF CONDUCT**

1. Encourage good sportsmanship by demonstrating positive support for all wrestlers, coaches, fans and officials at tournaments, practices and other sporting events.
2. Place the well being of my child before a personal desire to win.
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during events.
4. Encourage my child to play by the rules and respect the rights of other wrestlers, coaches, fans and officials.

## **PARENTS WAIVER OF LIABILITY AND PERMISSION**

I give my permission for my child to participate in the Pleasant Hill Wrestling Club. I hereby release the Pleasant Hill Wrestling Club and its management, coaches, volunteers, member/athletes, and sponsors from any and all liability or responsibility for any and all claims, causes of actions, risks, harm, injuries, losses, damage, costs and/or expenses (including attorneys' fees), known or unknown, foreseen or unforeseen, which may result from or relate to my or my child's participation in the Pleasant Hill Wrestling Club, even if alleged to be the fault of or caused by the negligence or carelessness of the Pleasant Hill Wrestling Club, volunteers, officers, coaches, directors, agents, servants, successors, heirs, executors, administrators and assigns. I also hereby give my permission for the Pleasant Hill Wrestling Club to seek emergency medical attention in the event of injury during practice or any wrestling event if a parent or legal guardian is not available.

---

**PARENT / LEGAL GUARDIAN SIGNATURE**

**DATE SIGNED**

**PARENT, please initial each line, indicating you have read, understand and agree to these**

**additional provisions:**

\_\_\_\_\_ **Hygiene:** Wrestling is very close contact sport. Wrestlers should shower each night after practice, and wear clean practice close each practice.

\_\_\_\_\_ **Expenses:** I understand as the parent/legal guardian, I am responsible for any additional expenses involved with wrestling (i.e. U.S.A. wrestling card, AAU wrestling card, tournament entry fees, shoes (there are some loaner shoes available form the club)).

\_\_\_\_\_ **Insurance:** I understand as the parent/legal guardian, it is my responsibility to provide and maintain medical insurance for the wrestler listed above.

\_\_\_\_\_ **Team Tournament Schedule:** I understand that Pleasant Hill Wrestling Club selects the tournaments that will allow our club to best travel as a team and provide the appropriate level of competition for our wrestlers. It is important to develop wrestling skills by competing against other athletes and I will encourage my child to attend tournaments.

\_\_\_\_\_ **Time, Volunteering, Fundraising:** I understand that Pleasant Hill Wrestling Club, K- 8<sup>th</sup> grade, is a self-funded program that relies solely on registration fees, donations, fundraising and volunteered time to operate. The coaching staff, board members and tournament assistants (exception of paid officials) are all volunteered positions to keep registration fees affordable for families. As a parent I understand that by volunteering I will contribute to the goal of developing young respectful athletes and the growth of the Pleasant Hill Wrestling Club. I will attend Club tournament planning meetings and or contact the coaching staff/board member to see how I can volunteer.

\_\_\_\_\_ **Return Check Fee:** I understand there will be a \$25.00 charge on each return check

\_\_\_\_\_ **Tournament Mat-Side Coaching:** If Pleasant Hill coaches are available and are mat-side, I understand it's beneficial for my wrestler and in everyone's best interest, that they be coached by an Pleasant Hill coach

\_\_\_\_\_ **Governing Law:** I understand this is a legal and binding contract, and the law of Oregon will govern this agreement

\_\_\_\_\_ **Club fee:** The club fee is non-refundable

\_\_\_\_\_  
**WRESTLER SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

## MEDICAL HISTORY QUESTIONNAIRE

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

- 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:  
\_\_\_\_\_

Wrestler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_