



Van Meter Youth Wrestling
K through 6th

Youth wrestling practices will begin the week of November 5th. Specific times and practice days will be determined based on the number of participants for each age group. We need volunteers to assist with practices and our tournament, so please indicate below if you would be willing to assist. The cost is \$45, which includes a team shirt and shorts. There will not be a charge for the VM Tournament for any of the VM youth wrestlers.

Please return registrations by Wednesday, October 10th. Registrations received later cannot be guaranteed shirt and shorts.

Questions:

Pat Corcoran 515-996-9320 pocork@msn.com
Debbie Hale 515-418-2526 debbieahale@hotmail.com

Mail registration to:

Make checks payable to:

Pat Corcoran
28695 Hickory Lodge Drive
Van Meter, Iowa 50261
515-996-9320
pocork@msn.com

Van Meter Youth Wrestling

Wrestler's Name \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_ Years of Experience \_\_\_\_\_

Shirt size \_\_\_\_\_ (XS, S, M, L, XL) Short size \_\_\_\_\_ (XS, S, M, L, XL)\_\_\_

Parent Name (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone #(1) \_\_\_\_\_ Cell # (1) \_\_\_\_\_

Phone #(2) \_\_\_\_\_ Cell # (2) \_\_\_\_\_

E-Mail Address (1) \_\_\_\_\_ (2) \_\_\_\_\_

Assist with coaching: yes no

Volunteer to work for VM Youth Wrestling Tournament January 27th: yes no

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the Van Meter Youth Wrestling (VMYW) program agrees to hold harmless, VMYW, its agents, team organizations, coaches, Van Meter Community School District, and all administrators, against all liabilities, expenses, costs, and claims arising from or in connection with any suit, claim, or demand of any kind and character brought or maintained in connection with the individual's participation in VMYW. The program includes participation in wrestling, a contact sport under the instruction and supervision of adults. VMYW hereby informs both the player and parents/guardians that there are risks inherent in athletic competition. By signing below the player and parent/guardians acknowledge this information and give their consent to participate.

I/We understand that this program requires participants to have independent and adequate medical insurance coverage for participation. In the event of serious accident or illness concerning my/our child, I understand VMYW will make a good faith effort to contact me based on the information provided above. If I can not be reached, I authorize VMYW to take whatever steps it may deem necessary for the health, security and comfort of my/our child. I realize there is a risk of being injured in all sports. I understand the risks include severe injuries such as, but not limited to, fractures, brain injuries, paralysis, or even death. I further understand that the VMYW disclaims all financial responsibility for the costs associated with medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my/our child while participating in such competition or in preparation therefore.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_