

# Argyle Youth Sports Association 2010-2011 Wrestling Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_ eMail Address (**Required**): \_\_\_\_\_  
(Print L's as caps and make sure "-"s and "\_"s are clear.)

**\*\*\*AGE AS OF SEPTEMBER 1, 2010** \_\_\_\_\_

**Years of Wrestling Experience:** \_\_\_\_\_

**Fee-----\$145.00 (\$10 AISD Fee)**

**Booster club scholarships are available.**

Shirt Sizes (Circle Wrestlers Shirt Size):    Approximate weight \_\_\_\_\_

Youth XS	Youth S	Youth M	Youth L		Adult S	Adult M	Adult L	Adult XL
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Would you like to be an assistant coach? \_\_\_\_\_

**Registration Deadline !!!!** This form must be received by John Goodpaster, at 3316 Stonecrop Trail, Argyle, Texas 76226 on or before **Dec 1, 2010**. **Dec 1-31<sup>st</sup>, the late registration fee will be \$165.0.** **Due to State Rule, no registration after Dec 31<sup>st</sup>.** *There will be an official sign up date on Oct 30<sup>th</sup> from 11am to noon in the Argyle wrestling room behind the main gym.* Season practices will start in November. Please check the website for details.

**FOR MORE INFORMATION, PLEASE VISIT OUR NEW WEBSITE AT [ARGYLESPORTS.COM](http://ARGYLESPORTS.COM)**

**Contacts:**

John Goodpaster (940) 464-7281 - [argylekidswrestling@verizon.net](mailto:argylekidswrestling@verizon.net)

**MEDICAL/EMERGENCY INFORMATION**

Who to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to wrestler \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Drugs Allergic to: \_\_\_\_\_

Specific medical problems \_\_\_\_\_

**Waiver of Liability:** I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Argyle Booster Club. Recognizing the possibility of physical injury associated with wrestling and in consideration for the Argyle Booster Club accepting the registrant for its wrestling programs and activities, I hereby release, discharge and/or otherwise indemnify the Argyle Booster Club, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs.

**Consent For Medical Treatment (Minor):** I the parent/guardian of the registrant, a minor, hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Gardian Name: \_\_\_\_\_ Hm/Cell#: \_\_\_\_\_

Parent/Gardian Name: \_\_\_\_\_ Hm/Cell#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Amt. paid _____	Cash/Check # _____	T-Shirt Rec'd _____	Div. _____
USA Card # _____	Other _____		

CODE OF CONDUCT

**(MUST BE SIGNED BY BOTH PARENT/GUARDIAN AND WRESTLER)**

**I understand that I am representing my town and youth wrestling organization. Participants include: parents/guardians, wrestlers, coaches, spectators and guests. I will obey all rules during this season. Profane language and/or physical violence toward any coach, player, referee or spectator will not be tolerated. NO confrontations will be made at any time with the referees. If there is a problem you will receive one verbal warning. If there should be a second issue you will receive a letter from the club dismissing you from the team. A copy of the dismissal letter will also be sent to the AYSA Director.**

**I have read or been told and fully understand and accept the rules of the Wrestling Team.**

Parents/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Wrestler/Participant \_\_\_\_\_ Date \_\_\_\_\_

*Note from Coach Goodpaster:*

We would like for wrestlers to attend all the practices so they can work on perfecting the moves. We encourage all parents to attend the practice, but we have rules in place to maximize our teaching time. Please follow them closely because we don't want to upset the school.

Only the coaches can coach. If you are interested in coaching your son or daughter, get with one of the coaches. Keep in mind your commitment is to the team not just your child.

God Bless,  
Coach Goodpaster