



MISHAWAKA WRESTLING CLUB

Wrestler Registration Form

Name _____

Primary address _____

City _____ State _____ Zip _____

Age _____ Gender (male / female)

School Attending _____

Current grade _____ Date of birth _____

Estimated weight _____ T-shirt size _____
Youth / Adult

Medical Information

Medical Conditions *(please be specific to all known issues)*

List Allergies and Medications

History of Skin Illness (Yes/No)

Primary Medical Insurance Carrier

Medical Policy # _____

GUARDIAN INFORMATION

Primary Contact (mother, father, other) circle one

Name _____

Primary Phone _____

Email _____

Secondary Contact Name _____

Secondary Phone # _____

ICE- Emergency Contact

Name _____

Relationship _____

Primary Phone _____

Secondary Phone _____

Waiver of Liability

I/We the parents of guardians of the above mentioned child hereby give my/our approval to participate in any and all MHS Wrestling club practices and activities. I/We assume all risk and hazards incidentals to such participation including transportation to and from such activities. I/We hereby waive, release absolve, indemnify and agree to hold harmless the MHS Public School System, MHS Wrestling Club, the organizers, coaches, sponsors, and participants. I/We understand the cost and commitments, and understand that no refunds will be make available following the first week of practice.

Today's Date: _____

I Agree (circle)

Sign: _____

Registration Payment (check only one box)

- Elementary Child \$75 (K-5 grade)
- Jr. High School Child \$75 (6-8 grade)
- High School Child \$75 (9-12 grade)
- Additional Sibling \$60 (K-12 grade)

Payment Type *(circle one please)*

Cash Check

Mishawaka Wrestling Club
4201 Douthart Pl, Mishawaka IN 46544
Head MHS Coach- Steven Sandefer
sandefer@mishawaka.k12.in.us
Head Club Coach- Yancy Gradeless
mishawakawrestling@gmail.com
Yancy Gradeless cell: 574-220-7423

MHS Wrestling Parent Code of Conduct



The function of the MHS Wrestling Parent Code of Conduct is to promote team unity, good sportsmanship, instill discipline, a positive attitude, and lead by example. If you intend to participate in our club, wear our brand and associate with members, please carefully consider points below, indicate concurrence with your signature below.

1. All Parents shall be cognizant that he/she has an incredible amount of influence good or bad on all participants.
2. All Parents shall be cognizant that coaches shall never place the value of winning over instilling the highest ideals of character.
3. The Parents shall uphold the honor and dignity of the sport. The Parent shall strive to set an example of the highest ethical and moral conduct in all personal contact with athletes, officials, athletic directors, parents, media, and the public.
4. The Parent shall promote the entire program and direct the program in harmony with all involved.
5. The Parent shall exert his/her influence to enhance sportsmanship by spectators, both directly and by working closely with other parents, volunteers, and all organizational members.
6. The Parent shall respect and support contest officials. The Parent shall not indulge in conduct that would incite players or spectators against the officials. Public criticism of officials or players is unethical.
7. Before and after contests, Parents should be cordial when dealing with other parents, coaches, officials, athletes and all staff members assisting with contest or tournaments.
8. A Parent shall not exert pressure on anyone including officials, table help, etc., to give athletes special consideration.
9. Do not use words that malign or defame other competitors.

The MHS wrestling club organization does not condone immoral, unethical and/or illegal behavior. Violations such as these, or violations to the points detailed above, are subject to suspension or immediate removal from the MHS Wrestling Club.

Signed: _____ Dated: _____

Name Printed: _____

All wrestlers are expected to abide by the Caveman Code (or the equivalent per age group) which outlines extracurricular participation guidelines while participating in all club activities.

Copy available online at: <http://scm.mishawaka.k12.in.us/mhs/files/2014/04/cavemen-code.pdf>.



Mishawaka Wrestling Club

Website and Social Media Release Form

I, the undersigned, do hereby grant permission to Mishawaka Wrestling Club to post my and/or my child's story, photo(s), or other items(s), hereinafter referred to as "Materials", I submit to The Mishawaka Wrestling Club's Website, Instagram, Twitter account, and Facebook account.

I hereby release MHS employees, club members, and officers, from all claims and demands arising out of, or in connection with any use of said "Materials", including, without limitations, all claims for invasion of privacy, infringement of my rights therein.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

I acknowledge that my child is under 18 year's old and lacks the legal capability to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the "Materials" will not contest the rights granted in the release, and shall assist and support you in any and all legal proceeding for affirmation of this agreement, should you choose to have a court of law affirm this agreement.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name Printed: _____

Please retain a copy of this form for your own records. The signed original will be maintained by the Mishawaka Wrestling Club for the duration of your child's participation in the club events

Mishawaka Wrestling Club
4201 Douthart Pl., Mishawaka IN 46545

Steven Sandefer
E-Mail: sandefers@mishawaka.k12.in.us

Yancy Gradeless
E-Mail: mishawakawrestling@gmail.com
Cell: 574-220-7423



Mishawaka Wrestling Club

USA Wrestling Card Information

USA wrestling cards can be obtained online at www.ISWA.com for the cost of \$40

USA card # for the 2020-2021 season: _____

Wrestlers Name: _____

By signing I am acknowledging I have purchased a valid USA card for my son/daughter to participate in club activities for the 2020-2021 season.

Parent/Guardian signature: _____

Date _____

Parent/Guardian Name (printed) _____

The signed original will be maintained by the Mishawaka Wrestling Club for the duration of your child's participation in the club events:

Mishawaka Wrestling Club
4201 Douthart Pl., Mishawaka, IN 46545

MISHAWAKA WRESTLING CLUB COVID-19 GUIDELINES FOR COACHES, PLAYERS AND SPECTATORS

1. All parents/guardians of participants must complete and submit this waiver/release before participating in any Mishawaka Wrestling Club ("Club") activities.
2. The Club strongly recommends no more than two spectators per participant attend practices or competitions in order to accommodate social distancing and other requirements set forth by the St. Joseph County Health Department and the State of Indiana Health Commission.
3. Per requirements at the time of this waiver's writing, participants in the field of play may practice or compete without facial coverings. However, participants and attendees of any practice or competition must comply with current and future requirements set forth by the local and state regulating bodies.
4. For the safety of all in the Club and our community, participants, coaches and/or spectators should not attend practices or games if they are feeling ill, have a fever, experiencing shortness of breath or cough or any other symptoms of illness.
5. Participants, coaches and spectators should refrain from contact outside the field of play.
6. Participants should have their own water bottle brought from home and labeled with their name.
7. These guidelines should be followed at all times to ensure the safety of all participating, coaching, and spectating in Club activities. Failure to do so may result in the cancelation of Club activities without refund.

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Club activities and related events, the undersigned acknowledges, appreciates and agrees that:

- a. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- b. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
- c. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- d. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Mishawaka Wrestling Club, their officials, coaches, members, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct activities, while participating in activities of any kind whether sponsored by or under the supervision of the Mishawaka Wrestling Club and with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____