



Dear Parents,

Welcome to the 2013-2014 season with Batavia Wrestling Club! Please review this information carefully and keep this page for future reference.

Registration will be handled **by mail**. Please print all of the forms in this packet, fill them out, and mail them with payment to Batavia Wrestling Club, 404 N. Van Buren St., Batavia, IL 60510.

**Returning wrestlers: Registration must be postmarked by October 24 for the "early bird" rate. Registration received after that date will be \$50 more, so please get your forms in on time!** This procedure allows us to be much more efficient and we appreciate your cooperation! *Late fee is waived for new and middle school wrestlers.*

T-shirts, shorts, and singlets will be distributed at practice in early November.

This year's practice schedule is as follows:

- Mondays at *Rotolo Middle School Upper Gym*: 6-7:30, **elite wrestlers by invitation only**
- Tuesdays and Thursdays in the *Batavia High School Wrestling Room*: 8 & under, 6-7 p.m.; 9 & older, 7-8:30 p.m.

We will once again be using Team Snap for club administration. If you are new to club, you will receive an e-mail invitation to join the web site – it is necessary that you do so! Information about Team Snap will be discussed at our Parent Meeting.

**Please note these important dates:**

- Oct. 7-24: Open registration by mail for returning wrestlers.
- Tuesday and Thursday, Oct. 22 and Oct. 24, 6-7 p.m., Rotolo Middle School Upper Gym: Rookie Nights for new/prospective wrestlers (spread the word!). Attend one or both nights. Download waiver at [www.bataviawc.com](http://www.bataviawc.com).
- Tuesday and Thursday, Oct. 22 and Oct. 24, 6-7 p.m., Rotolo Middle School Upper Gym: Shoe exchange (donate used shoes and choose another pair free, or purchase a pair for \$10), during Rookie Nights
- Tuesday, Oct. 29, 7 p.m., Rotolo Middle School, room TBA: **Mandatory** parent meeting
- Monday, Nov. 4, 6-7:30 p.m.: First **elite** practice for invited wrestlers
- Tuesday, Nov. 5, 6-7 p.m. (8 & under) and 7-8:30 p.m. (9 & older): First full practices at Batavia High School

We're excited about starting another great season with our wrestling family! Please don't hesitate to call Coach Rocky at 630/740-5100 or e-mail [info@bataviawc.com](mailto:info@bataviawc.com) if you have any questions now or in the future!

Ellen & Rocky Posledni



## Batavia Wrestling Club Registration Checklist

Child's Name (please print clearly):

\_\_\_\_\_

*One t-shirt and one pair of shorts are provided to every wrestler as part of the registration fee. Please indicate size. Items will be distributed in early November.*

T-shirt:            YM (10-12)    YL (14-16)    AS    AM    AL    AXL

Shorts:            YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL

If you would like to order additional club t-shirts and/or shorts for your child or family members, please indicate below. Charge is \$12 per item.

T-shirts:            Quantity \_\_\_\_\_    Size(s) (see options above) \_\_\_\_\_

Shorts:            Quantity \_\_\_\_\_    Size(s) (see options above) \_\_\_\_\_

**\* Please use this checklist to ensure your registration packet is complete.**

\_\_\_ This form (with t-shirt and shorts sizes circled)

\_\_\_ Illinois Kids Wrestling Federation Application

\_\_\_ USA Wrestling Liability Waiver

\_\_\_ Emergency Contact Form

\_\_\_ Registration fee (made out to "Batavia Wrestling Club")

- \$235 for elementary school students  
**(returning club members, add \$50 if mailing after Oct. 24, 2013)**
- \$140 for middle school students
- Fee includes USA Wrestling membership card valid for one year, all general club practices, all tournament entry fees, t-shirt and shorts to keep, and use of club-owned singlet to be returned at season's end

\_\_\_ \$50 singlet deposit (made out to "Batavia Wrestling Club")

- These checks are not cashed, but held until singlets are returned at the end of the season. Failure to return the singlet will result in forfeiture of this deposit.

\_\_\_ **Photocopy** of birth certificate (only for wrestlers new to Batavia Wrestling Club)

***Please place all of these items in an envelope and mail them to  
Batavia Wrestling Club, 404 N. Van Buren St., Batavia, IL 60510***



## **Release and Waiver, Assumption of Risk, and Indemnity Agreement with Parental Consent ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
  
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISK AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inaction, the actions or inactions of other participating in the Activity, the conditions in which the Activity takes place, of THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
  
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the foregoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

*SIGN ONLY IF 18 OR OLDER*

(Participant's Signature)

(Date)

(Print Name)

***(Below section must be completed by Parent/Guardian for any participant under the age of 18)***

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY, I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to minor)

## Emergency Contact Form

This form will be kept on file in the practice room. In case of medical emergency at practice, it will be accessed by a coach. Please provide cell phone numbers if possible to help ensure immediate contact can be made.

**Please print very clearly.**

Child's name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

*In case of emergency, the first person contacted should be:*

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

*If the person above can't be reached, the alternative emergency contact is:*

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Insurance Company:* \_\_\_\_\_

Policy Number: \_\_\_\_\_

*Doctor:* \_\_\_\_\_

Number: \_\_\_\_\_

Please share any information that emergency medical personnel should know before treating your child (drug allergies, previous injuries, other medical conditions, current medications): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_