

Rosemont Ridge Middle School Wrestling is coming soon!

Invitation: You are invited to participate in West Linn middle school wrestling. Wrestling is open to all middle school boys and girls. We have a team at Athey and a team at Rosemont.

Practices: Practices are held from 4:00 to 5:30 Monday through Thursday. Practice starts on Tuesday January 8. The season ends at the end of February.

Competitions: Wrestlers will compete in meets at area middle schools. Expect one meet per week. Wrestlers will usually wrestle three matches at each meet.

Gear: Wrestling uniforms are provided for competitions. Uniforms are UFC style fight shorts and T-shirts. Singlets are no longer required. Wrestlers need wrestling shoes and headgear for competitions and for practices. Wrestlers should come to every practice wearing shorts, t shirt, wrestling shoes and headgear.

Cost: Cost to participate for the season is \$100. If registration cost is a barrier to participation, contact the West Linn Wrestling Booster Club for scholarship information. West Linn Wrestling Booster Club President Scott Anderson scottandersonqsg@gmail.com (503) 484-7125.

Transportation: Will be provided from middle school to each competition for drop off only. Parents are responsible for providing transportation home from competition. Bus transportation is provided home from practices via the activity bus that leaves the school at 5:15.

Competition Levels: Wrestlers are grouped by ability, experience and weight. This means everyone involved can participate at a competitive level.

Sign Up: Complete the attached registration form and waiver form. Bring them to the first practice on January 8 with a \$100 check for registration. Wrestling registration and signed waiver forms are required prior to competing.

Coaches: Rosemont Ridge – Mat Sprague (503) 913-1467 milosprague@comcast.net

Questions: Contact Nicole Goff with any questions. thegoffhouse@gmail.com

Rosemont Ridge Middle School Wrestling Registration form

Wrestler Name: _____ Birth Date: _____ Grade: _____

Address: _____ City: _____

Home Phone: _____ or Cell Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Health Insurance Co. _____ Policy #: _____

Family Doctor: _____ Phone # _____

Allergies, medications and medical concerns: _____

Emergency Contact Name: _____ Phone # _____

Please read the statements below and sign the one that applies:

1. If my child needs medical attention, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment will not be delayed, I consent to medical procedures the physician believes are needed with the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent Signature: _____ Date: _____

OR

2. If my child needs medical attention, it is my wish to be contacted before medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or prevent permanent injury. I accept responsibility for all costs related to such treatment.

Parent Signature: _____ Date: _____

Cost: \$100 Please make checks out to WL Wrestling Booster Club

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement with Parental Consent.

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 RISKS 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 inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or 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 RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. Minor release. 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.

4. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, 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 forgoing 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 this 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.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN S SIGNATURE: _____

DATE: _____