

Smith Mountain Lake Wrestling Club



YOUTH WRESTLING
Grades K through 5

November 2009 – March 2010

Practices

START: Monday, November 9

WHEN: First year wrestlers: Tuesdays / Thursdays

Returning wrestlers: Mondays / Thursdays

TIME: 6:00 P.M. to 8:00 P.M

WHERE: Staunton River High School wrestling room

Matches: All matches are on Saturdays. (Times will vary). List of tournaments will be provided at practice.

Tournaments are not mandatory but recommended. While wrestling is mainly an individual sport we stress teamwork and camaraderie.

More information can be found at www.smlwrestling.com

Program Information

The Smith Mountain Lake W.C. is an incorporated 501(c3) non-profit organization providing elementary age children with the opportunity to participate in the challenging sport of wrestling. Coaches provide basic skills and fun workouts for the beginner wrestler while providing advanced wrestling technique and high endurance conditioning to the experienced wrestler. The program is designed for all children grades K through 5th. For more information contact Derrick Barns at 540-815-4107 / derrickb@smlwrestling.com

Sign – ups

When:

Moneta –	Oct 10,17 9:00am - noon
Stewartsville –	Oct 10,17 9:00am - noon
Huddleston -	Oct 10,17 9:00am - noon
Body Camp -	Oct 10,17 9:00am – noon

How: Fill out the registration form on the back of this sheet and turn it in at recreation sign-ups. If you miss the sign up days mail this form and check to →

Sign ups will also be accepted at the first practice.

Program Cost

\$40 per wrestler

Make checks payable to:
“Smith Mountain Lake W.C.”

SMLWC
1187 Parker Woods Dr.
Bedford, Va 24523

BEDFORD COUNTY PARKS AND RECREATION

YOUTH ATHLETIC REGISTRATION FORM



Please circle the athletic program in which you are registering your child:

Wrestling

Age _____

Please print

Name of child: First _____ Middle _____ Last _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone # _____ School presently attending: _____ School attended last year: _____

Parent / Guardian's name: First _____ M.I. _____ Last _____ Work/Alternate Phone# _____

Parent / Guardian's name: First _____ M.I. _____ Last _____ k/Alternate Phone# _____



Does your child take medications(s) or have a medical condition(s) that may be affected by participation in this program? YES / NO
If yes, explain: _____



Parent/Guardian Responsibility & Consent

- Each participant, parent/guardian registering their child, as well all individuals present at any Bedford county Parks and Recreation sponsored activity must agree to and abide by the Parks and Recreation Code of Conduct.
- A parent/guardian, who legally resides in the county of Bedford, may register his or her child to participate in a Bedford county Parks and Recreation Department athletic league. A youth player who registers to play in a Parks and Recreation League may play with or be registered to any other non-department sponsored team or league. However, a player's first obligation pertaining to practices and games must be to his or her recreation team. Any player who misses a recreation team practice of game may be subject to disciplinary measures approved by the Parks and Recreation Department and initiated by that team's head coach.
- It is the responsibility of the parent/guardian to provide transportation to and from practices and games. Upon arrival, parents should make sure a coach is present. Player should be picked up directly after activities are completed.
- It is the responsibility of the parent/guardian to return equipment furnished by the Parks and Recreation Department to the coaches no later than one week following the team's last game. A player who fails to return all equipment will not be permitted to participate in any Bedford County Parks and Recreation athletic program until all equipment is returned.
- I am aware of the activities and I understand that Parks and Recreation Department employees, and all Recreation Association agents and volunteers are not responsible for determining whether my child is physically and/or mentally fit for this program.
- I understand that any incorrect or false information provided on this form will result in the player being declared ineligible immediately and for the remainder of the season.
- By signing this consent, parent/guardian(s) are notified that the Parks and Recreation Department employees, and Recreation Association and/or volunteers and/or the County of Bedford are not responsible in case of accident, injury, or death while playing or practicing in this youth athletic program.
- I hereby release Bedford County Parks and Recreation, all Recreation Associations, their agents, employees and volunteers, from any and all claims and/or liability as a result of personal injury and/or property damage arising from the above child's participation in the athletic program circled above.



I hereby have read and agree to the above and give my consent for the above child's participation, furthermore, I verify that all information stated on the registration is true.

Signature of Parent/Guardian _____

Date _____

Registration Personnel Only

Registration fee _____ Late fee(if applicable) _____ Registration fee paid _____ Birth certificate on file _____

Signed consent form on file: _____ Approved by: _____
Signature of Association Supervisor

Refund (if applicable): _____ Refund date: _____ Refunded by: _____

Signature of Assoc. Supervisor, Rec/Treasurer, or Rec. President



PLEASE CIRCLE ONE OF THE FOLLOWING:

YOUTH ADULT YOUTH ADULT
SHIRT SIZE PANT SIZE
XS S M L XL XS S M L XL