

**Ashland Jr Clocker Wrestling**

**Winter 2019-2020**

**ABOUT THE CLUB . . .**

The primary goal of the program is to introduce grades K- 8th graders to amateur folk style wrestling in a competitive environment, foster a young wrestler's potential through their commitment to the sport and act as a feeder program for the Ashland High School wrestling team. No prior experience is necessary.

Practices are held on Tuesday and Thursday nights at the Ashland Middle School cafeteria and will begin the first Tuesday after Thanksgiving. First Practice is Tuesday December 3rd. Grades K-4 will practice 5:45-6:45PM and grades 5-8 practice time will be from 6:45-8:15PM

**REGISTRATION**  
Registration is available via attached form and there will be a registration night at the Ashland Middle School Cafeteria on Tuesday, November 26th from 6PM-7:00PM

**MEMBERSHIP/FEES**  
The fee for the 2019-2020 season is $175 for grades K-4 and $200 for grades 5-8. Registration fee covers Gym facility rental, equipment, and club t-shirts and shorts.

**INSURANCE CARD**  
Ashland Youth Wrestling is a privately run club which requires Insurance. All Wrestlers must Purchas a USA Wrestling Card to participate in practice. The cost is $15 and you can purchase your USA Wrestling Card here at <https://www.usawmembership.com/login>. Please use club code 1900039102.

# SCRIMMAGES Wrestlers will participate in scrimmages in December, January and February with other local wrestling clubs. No standings, team scores or wins/losses are recorded at scrimmages. These are usually held Friday nights or Saturday mornings. All scrimmages will be listed on the team schedule

### TOURNAMENTS/DUAL MEETS

Dual meets are usually on Wednesday nights and the tournaments are on the weekends in December, January, February and March. Coaches, parents and wrestlers decide which tournaments they wish to compete in.

**For additional information, please contact:**

Terry Camara

Ashland Youth Wrestling

508-735-1021

Ashlandyouthwrestling.com

# ashland logo.png

# Ashland Jr. Clocker’s Wrestling

**Winter 2019-2020 Registration Form**

***(Please print clearly and include ALL email addresses)***

## **Wrestler’s Name:**

(First) (Last)

Street Address: Town:

Home Phone: Date of Birth: Grade:

Approx. Weight: Approx. Height:

Mother’s Name: Father’s Name:

Email: Email:

Mother’s Cell Phone: Father’s Cell Phone:

Emergency Contact/Phone Number:

Insurance Company: Subscriber Number:

***T-Shirt & Short Size (please circle one)***

**Shirt: Youth Size:** YXSM SM M L  **Adult Size:** S M L XL

**Shorts: Youth Size**: YXSM SM M L **Adult Size:** S M L XL

### Registration Information

## Please send registration fee (payable to **Ashland Youth Wrestling)** and completed Registration Form to**:**

**Terry Camara**

**132 Berlin Rd**

**Marlborough, Ma 01752**

Any questions? Call Terry Camara

***or email***

***ashlandyouthwrestling@aol.com***

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**Ashland Jr. Clocker’s Wrestling  
Waiver and Release of Liability**

DISCLAIMER: ASHLAND YOUTH WRESTLING, ASHLAND MIDDLE SCHOOL, ITS AGENTS, OR EMPLOYEES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN ASHLAND YOUTH WRESTLING FOR ANY REASON WHAT SO EVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF ASHLAND YOUTH WRESTLING, ASHLAND MIDDLE SCHOOL, ITS AGENTS, OR EMPLOYEES.

In consideration of my child's participation, I hereby release and covenant not-to-sue Ashland Youth Wrestling, Ashland Middle School, its agents, employees, instructors, or coaches from any and all present and future claims resulting from ordinary negligence on the part of Ashland Youth Wrestling, Ashland Middle School or others listed for property damage, personal injury, or wrongful death arising as a result from ordinary negligence, both present and future, that may be made by me, my child, my family, estate, heirs, or assigns.

Further, I am aware that Wrestling is a vigorous sport involving cardiovascular stress and physical contact. I understand that Wrestling involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs; and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that Wrestling involves a risk of knee, head, and neck injury. In addition, I understand that participation in Wrestling involves activities incidental thereto, including, but not limited to, travel to and from the site for the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily allowing my child to participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, my child's personal injury, or my child's death.

I further agree to indemnify and hold harmless Ashland Youth Wrestling, Ashland Middle School and others listed for any and all claims arising as a result of my child engaging in or receiving instruction in the Ashland Youth Wrestling activities or any activities incidental there to, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Massachusetts and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Massachusetts.

I hereby give permission for video and/or photographic images of the minor, taken during activities, to be used for purposes of promoting Ashland Youth Wrestling.

I affirm that I am of legal age and am freely signing this agreement for my child to participate in Ashland Youth Wrestling. I have read this form and fully understand that by signing this for I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Ashland Youth Wrestling, Ashland Middle School, or any parties listed above.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_