



# Youth Wrestling 4K-5<sup>th</sup> Grade

## **Focus:**

The focus of our youth wrestling program is to provide a fun environment to develop basic wrestling skills.

## **Coaching:**

Practices will be coached by a combination of former high school wrestlers and parents, middle school and high school coaches, and current high school wrestlers.

## **When and Where:**

Parent and sign up meeting is at the **West De Pere High School Auditorium on November 13th**

**7:00PM-8:00PM**, this not an actual practice, we are determining how many kids sign up in each grade for coaching and practice times, **(this is different than past years)**. We will be signing up volunteers for our youth tournament on Feb. 2nd, 2019 and updating you on policies that have changed for the 2018-2019 season. Please plan on attending the meeting as we will go over important information for the whole season.

Practices will be held primarily at Hemlock Creek Elementary 2nd Gym, once in a while we do run into conflicts and we may have to hold practice at the high school in the wrestling room. **We will hand out a calendar at the parent meeting, please check them during the season to make sure you are taking your child to the correct location.**

**Time:** After the parent meeting we are determining groups for practice times. Practices start **Dec. 5th**. The gym at Hemlock is reserved from 5:30-7:30. We will be advising you on the time after the parent meeting.

**NOTE:** 6<sup>th</sup> – 8<sup>th</sup> graders are welcome to attend as a warm-up for Middle School wrestling which starts in January.

## **Cost:**

**\$10.00**

## **Requirements:**

Before beginning practices each athlete must complete a consent/medical form. You will be able to fill these out at the parent meeting or bring before the first practice on Dec. 5th. These will be provided to you via Tuesday notes or at the parent meeting. Physicals are not required.

**Parents:** are required to volunteer to work a 2 hr shift at our annual Youth Tournament on Feb. 2nd, 2019. When you sign up to work your child(ren) will receive a WDP Wrestling tee-shirt and water bottle. We are also offering a \$25.00 buy out if you can not meet the volunteer requirement. We typically set up for the tournament on Friday night Feb. 1st. We need volunteers to help in concessions, cashiers, admissions, etc.. on Feb. 2nd. Please mark your calendars in advance so we can make our tournament go as smooth as possible. It is regarded as the one of the premier tournaments in the area. This is what keeps our costs low to join wrestling.

**Equipment:**

Please wear shorts and a T-Shirt to practice. Wrestling shoes are not required however it is requested that tennis shoes have a clean bottom to keep the wrestling mats clean.

We are also going to be renting singlets, (the uniform the wrestlers wear). The cost to rent a singlet is \$40. At the end of the season when you return the singlet, you will receive \$20 back.

**Tournaments:** Our club will be sponsoring 2 youth tournaments for the season. We will pay for entry for both and provide transportation to 1 tournament. We are trying to encourage a team atmosphere and help the new wrestlers with the experienced ones.

We will also be organizing some team duals. Those are matches with other schools. There will be more information to come on this as the dates get closer

**Anti-Bullying policy:** We are implementing an anti-bullying/behavioral policy. We are doing a 3 strikes you're out rule. First offense the child will be pulled aside and have behavior addressed and parent(s) notified. Second offense child will be pulled out of practice and have to sit until parents arrive for pick up and parents will be notified. Third offense child's parent will be called to come and pick up their child and asked not to return for the remainder of the year.

**Advantages:**

Youth wrestling can be a great way to develop balance, coordination, and body control. **Wrestling teaches self confidence, discipline, along with respect and humility.** It is a tremendous primer for many other sports such as football.

**Questions:**

Please contact Cory Steward at [csteward81882@gmail.com](mailto:csteward81882@gmail.com) ,Pam Calaway at [yourmap@hotmail.com](mailto:yourmap@hotmail.com) , Nick Winch at [nwinch@wdpsd.com](mailto:nwinch@wdpsd.com) for any questions or concerns.

**Informed Consent Form:**

I hereby give permission for \_\_\_\_\_ to participate in West De Pere’s youth wrestling program during the athletic season beginning the first week of December 2017 , I authorize the school or club to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so.

Weight of Child : \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name(s) of Parent or Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

My child and I are aware that participating in youth wrestling is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, and other reasonable-risk conditions associated with the sport. All such risks to my child are known and appreciated by my child and me.

*We understand this informed consent form and agree to its conditions.*

Parent’s or Guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Emergency Information:**

Athlete’s name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Provide information for parent or guardian and one additional contact in case of emergency.*

Parent or guardian’s name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

Other contact’s name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Is your child allergic to any drugs? YES/NO If so, what? \_\_\_\_\_

Does your child have allergies (e.g., bee stings, dust)? \_\_\_\_\_

Does your child have any of the following? ASTHMA DIABETES EPILEPSY

Is your child currently taking medication? YES/NO If so, what? \_\_\_\_\_

Does your child wear contact lenses? YES/NO

Is there any additional information we should know about your child’s health or physical condition? YES/NO

If yes, please explain: \_\_\_\_\_

Parent’s or Guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_



