

CAWL REGISTRATION FORM

CAWL TEAM NAME Chantilly Chargers

PARTICIPANT INFORMATION

CHILD'S NAME _____ (print first, middle and last name)	BIRTH DATE _____ (00/00/0000)	
STREET ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____

WRESTLING EXPERIENCE

Total years of wrestling experience? _____ Wrestling Participation /Years (Check all that apply):
CAWL <input type="checkbox"/> / MIDDLE SCHOOL <input type="checkbox"/> / Jr Varsity <input type="checkbox"/> / OTHER <input type="checkbox"/> / League _____

FAMILY INFORMATION

PARENT-1 NAME _____ (print first, middle and last name)	RELATIONSHIP _____ (Mother/Father/Guardian)
PHONE NUMBERS: (DAY) _____	(EVENING) _____
PARENT-2 NAME _____ (print first, middle and last name)	RELATIONSHIP _____ (Mother/Father/Guardian)
PHONE NUMBERS: (DAY) _____	(EVENING) _____

MEDICAL INFORMATION

Has child been prescribed an Inhaler or Epipen? Yes ___ No ___
<i>(Note: If child has been prescribed an Inhaler or Epipen, it must be present with child at practice and meets)</i>
Is child presently taking medication? Yes ___ No ___ If yes, what? _____
Date of last Tetanus shot _____ Are contact lenses worn? Yes ___ No ___
List any allergies to medications, etc. _____
List all health issues that might be significant to a physician evaluating your child in case of an emergency _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT _____	PHONE NUMBER _____
FAMILY PHYSICIAN _____	PHONE NUMBER _____
INSURANCE COMPANY _____	POLICY NUMBER _____

CAWL EMERGENCY PERMISSION CONSENT

<p>I, the undersigned, am aware that participating in CAWL wrestling may involve traveling with the team. I acknowledge and accept the risks inherent in this sport and with the travel involved and with this knowledge in mind, I grant permission for my child/ward to participate in this sport and travel with their team during the 2009-2010 season. In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the CAWL coaches/staff to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named below.</p> <p>This Emergency Permission Form may be reproduced to travel with your child's team and is acceptable for emergency treatment if needed.</p> <p>I authorize and certify all above information as true and accurate. _____</p> <p style="text-align: right;">(Legal Parent/Guardian signature) (date)</p>
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CAWL PARTICIPANT'S WAIVER AND RELEASE

In consideration of the undersigned wrestler ("Participant") being allowed to participate in the Capitol Area Wrestling League (Travel League) – sponsored wrestling practices, meets and tournaments for the 2009-2010 season: said Participant and his/her legal parent(s) and/or legal guardian(s), for themselves and each of their heirs, personal representatives and assigns, to the fullest extent lawfully permitted, release, discharge and covenant not to sue the Federation or its affiliated clubs, and their respective officers, administrators, coaches, trainers, meet coordinators, referees, sponsors, sponsoring agencies and advertisers, or the owners and lessors of premises in which such events occur, with respect to any and all claims, damages, or other liabilities arising out of the Participant's injury or death occurring during such events, whether in the course of training, travel or competition. The undersigned hereby acknowledge having adequate health insurance necessary to provide and pay for any medical costs that directly or indirectly result from any and all participation in this activity. Each of the undersigned acknowledges the sport of wrestling involves severe physical exertion and intense stress which can result in serious injury or in some rare circumstances, death; he/she agrees to assume the risks of such consequences. This Waiver and Release is freely and voluntarily given with full understanding of the inherent risks of participating in Northern Virginia Wrestling Federation's athletic competition.

Participant/wrestler _____
(print legal name) (signature) (date)

Parent/Guardian _____
(print legal name) (signature) (date)

Parent/Guardian _____
(print legal name) (signature) (date)

CAWL CODE OF CONDUCT

The CAWL Code of Conduct is strict and serious in our sport. All people associated with the sport are always expected to act with sportsmanship, dignity and respect for others. This includes coaches, parents, wrestlers, spectators, and referees.

Poor sportsmanship includes:

- Arguing with coaches, officials, teammates, opponents or spectators
- Using threatening or profane language
- Baiting or taunting coaches, officials, teammates, opponents or spectators
- Unsafe play
- Uncontrolled behavior on and off the mat.

Poor sportsmanship will carry, at a minimum, the following consequences:

- First Offense Verbal warning
- Second Offense Dismissal from meet
- Third Offense Dismissal from next meet
- Fourth Offense Dismissal from CAWL

We, parent(s) and wrestler, have discussed the CAWL Code of Conduct and agree to abide by it. We understand that there is no refund or recourse for dismissal from our program as a consequence of breaking this Code of Conduct.

Participant/wrestler _____
(print legal name) (signature) (date)

Parent/Guardian _____
(print legal name) (signature) (date)

Parent/Guardian _____
(print legal name) (signature) (date)