

Washington Wrestling Youth Club

The **Washington Wrestling Youth Club (WWYC)** is an open wrestling club for novice to intermediate skilled wrestlers between the ages of 6 to 13.

The **Washington Wrestling Youth Club** teaches:

- safety
- fun
- sportsmanship
- team work
- discipline
- fundamental folkstyle wrestling skills to novice and intermediate level wrestlers

The **Washington Wrestling Youth Club** is hosted by St. Albans School in the Activities Gym which is located on Wisconsin Avenue, NW, Washington, DC, 20016.

Directions can be found here: www.stalbansschool.org/home/content.asp?id=3467

Membership in the **Washington Wrestling Youth Club** is free. The only cost is membership in USA Wrestling which is \$30 for the year.

- Practices will begin Wednesday January 13 and end February 17, 2010.
- Practice will be every Wednesday from 7 pm – 8 pm unless otherwise posted
- Wrestlers are welcome to come any Sunday during the summer and do not have to commit to all 6 weeks.

Practices will be coached by St. Albans head wrestling **Coach Chuck Crossan**.

Coach Crossan will be assisted by **Coach Clarence D. Long IV**. Coach Long has been coaching high school wrestling for 6 years. Coach Long wrestled varsity for four years in high school and for a Division I wrestling program in college.

For more information, please contact:

Coach Clarence D. Long IV

clong@washingtonwrestlingclub.com

Phone: 202-607-4139

Coach Chuck Crossan

[E-mail: ccrossan@cathedral.org](mailto:ccrossan@cathedral.org)

Phone: 202-537-6421



Washington Wrestling Youth Club

Informed Consent Form

I hereby give my permission for _____ to participate in the **Washington Wrestling Youth Club** during the athletic season beginning Wednesday January 13, 2010. **I understand wrestlers are required to join USA Wrestling.** Further, 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 if I cannot be reached and reasonable effort has been made to do so.

Parent or guardian:

Address:

Phone: () _____ **Other phone:** () _____

Email:

Emergency contact:

Relationship to athlete: _____ **Phone:** ()

Family physician: _____ **Phone:** ()

Medical conditions (e.g., allergies, chronic illness): _____

My child and I are fully aware the participating in wrestling is potentially dangerous activity. We assume all risk 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.

Athlete's signature: _____

Date: _____

Parent's or guardian's signature: _____

Date:

**Washington Wrestling Youth Club
St. Albans Registration Form**

Club Member's Name _____

Address _____

Age _____

Parent Name _____

Cell/Home
Phone Number _____

Parent Address _____

Medical Insurance
Company _____

Primary Insured
Name _____

Policy # _____ Group # _____

1. I understand that St. Albans School is not responsible for any personal injury or property loss or damage that may occur on School property or in connection with this wrestling camp activity or program.

2. In the event parents/legal guardians named on this form cannot be contacted, I, the undersigned, do hereby authorize officials of St. Albans School to consent on my behalf for emergency medical care for my child, named above. I agree to assume financial responsibility for all expenses associated with the emergency care and /or transportation for said child. Additionally, I agree not to hold St. Albans School, its officers, or its employees liable for any injury or losses related to the emergency care my child receives.

Parents/Guardians
Signature _____

Date
