



# 2017-2018 Manawa Athletic Booster Club Manawa Youth Wrestling Club Registration

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**You cannot wrestle or practice until your Registration Form, Insurance Waiver, Concussion Form and Code of Conduct is completed and Registration Fee is paid.  
COMPLETE A SET OF FORMS FOR EACH CHILD!**

Name of Wrestler: \_\_\_\_\_

## **Sportsmanship and Code of Conduct**

- A. **Conduct** – Coaches, Wrestlers or Parents who, in the opinion of any member of Manawa Athletic Booster Club, Inc. or Manawa Youth Wrestling, conduct themselves in an unsportsmanlike manner that would discredit this program may be removed by the Officers/Board of Directors/Coaches from any further participation in Manawa Youth Wrestling sponsored by the Manawa Athletic Booster Club..
- B. **Social Media** –Coaches, Wrestlers, or Parents who use social media to discuss Manawa Youth Wrestling, Wrestlers or Coaches in a derogatory manner will be removed by the Officers/Board of Directors/Coaches from any further participation in Manawa Youth Wrestling sponsored by the Manawa Athletic Booster Club..
- C. **Heckling** – No Wrestler, Coach, Parent or other party associated with any event of the Manawa Youth Wrestling sponsored by the Manawa Athletic Booster Club shall abuse, heckle, or make uncomplimentary remarks to any Coaches, opposing wrestlers, officials or referees. **The referee shall eject an individual violating this regulation immediately from the match.**
- D. **Sportsmanship** – Any Wrestler, coach, parent or other party accompanying a team will be ejected for the remainder of the duel/meet from the time of the infraction, if they:
- Use profane language
  - Make unnecessary or obscene gestures in protesting an referee's decision
  - Throw headgear or any other equipment.
  - Make unnecessary or obscene gestures to fans or opposing wrestlers.

We the undersigned, understand the ruling of the unsportsmanlike conduct, and understand that if I/we should act in any disagreeable way with the ruling, I/we may be ejected from the gym and may lose the privilege of membership in Manawa Youth Wrestling sponsored by the Manawa Athletic Booster Club.

**I agree that I will not wear Jewelry of any kind while practicing or during a match. I will wear the Uniform required for my sport without alterations.**

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT & ATHLETE AGREEMENT

**THIS FORM IS COMPLETED FOR THE MANAWA ATHLETIC BOOSTER CLUB A SPONSOR  
OF MANAWA YOUTH WRESTLING.**

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

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

Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_