

# T-WOLVES WRESTLING SPRING CLINICS 2016

## BOYS & GIRLS GRADES K-8

**TWO DATES TO CHOOSE FROM: MAY 14, 2016 &/OR JUNE 11, 2016!**



Timberwolves Wrestling Boosters and all proceeds from this clinic supports the high school wrestling program. The goal of the clinic is to enable young wrestlers to continue to develop their passion for the sport of wrestling in a safe, fun learning environment. Wrestlers of all levels are welcome and will be coached by Heritage High School coaches and wrestlers.

**JUST \$15 FOR ONE  
OR \$20 FOR BOTH  
DATES!**

**Saturday, May 14, 2016  
&/or  
Saturday, June 11, 2016**

**9:00 AM - 12:00 PM**

**Held in  
HERITAGE High School  
Wrestling Room**

**Sign up NOW**

**Return complete form with payment to: Timberwolves Wrestling Boosters**

**CIRCLE your date(s):**

May 14, 2016 &/or June 11, 2016

13404 NE 93rd Cir.  
Vancouver, WA 98682  
360.984.6477  
[erik.gonzalez@evergreenps.org](mailto:erik.gonzalez@evergreenps.org)

Office Use ONLY:  
Date Rec'd \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash or Ck# \_\_\_\_\_

Name (Last) \_\_\_\_\_ First \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Male/Female \_\_\_\_\_ Alternate emergency name & phone \_\_\_\_\_

Is child currently on medication \_\_\_\_\_ if so what \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in this Clark County Youth Wrestling Program. I assume the responsibility for arranging transportation. I grant permission for emergency treatment to be given. I agree to pay all doctor & medical costs not covered by my insurance company. Medical Insurance coverage information must be completed or write no coverage under Insurance Company. I release Evergreen School District, Timberwolves Wrestling Boosters, Clark County Youth Wrestling & coaches from responsibility for any costs resulting from injuries incurred while participating in this Clark County Youth Wrestling Program or if a question of liability should occur.

By signing this, I have read and understood the WA State Concussion Law at <http://www.cdc.gov/ConcussionInYouthSports/>.

Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away. For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed \_\_\_\_\_

Student-athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

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

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

Date \_\_\_\_\_