



K-W Kaos Wrestling Team

Registration - 2023 - 2024 Amount Rec'd:

Participant Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email : _____

Phone Number - : _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Health Card Number: _____

Name of Physician: _____ Phone #: _____

Medical Information (allergies, history of injury, previous concussion information):

Current medications: _____

Weight: _____ Size: T-Shirt: _____ Shorts: _____ Singlet: _____

Wrestling Experience

Other activities and hobbies:

Amount Owning: Registration \$450 _____ Clothing : _____

Singlet \$250 (optional): _____

Parent / Guardian Information

Primary Contact:

First Name: _____

Last Name: _____

Email: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone Number – Home: _____

Cell: _____

Work: _____

How did you hear about us?

Please Check when complete

- payment received
- OAWA online registration
- WC portal / registration (for provincials/nationals)

Ontario Amateur Wrestling Association (OAWA) Membership Agreement/Waiver

ALL SPORT, INCLUDING WRESTLING, HAS ITS RISKS

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I participate in the sport of Wrestling because it is physically and mentally challenging. I know that there are physical risks and hazards inherent in Wrestling, as there are in most sports. These include but are not limited to:

Muscular injuries resulting from vigorous physical exertion.

Injuries to the eyes, teeth, face and other parts and bruises and scrapes resulting from falling to the Wrestling mat or colliding with opponents.

Serious injuries, including permanent or temporary, total or partial disability, disfigurement, paralysis, and any other losses or damages to person or property or death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my/my child's participation; and, additional risks associated with my travel to and from events, and associated with non-competitive activities related to events and other activities.

I AGREE TO BE RESPONSIBLE FOR MYSELF. I am participating voluntarily in Wrestling. I agree that there are risks in Wrestling, as described above. By participating voluntarily in Wrestling, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in Wrestling.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: the Ontario Amateur Wrestling Association, the Wrestling Club as listed above/herein, the Canadian Amateur Wrestling Association, and each of their respective directors, officers, employees, coaches, officials, volunteers and members.

I also verify that I am aware of the OAWA Harassment Policy and Code of Conduct and Privacy of Information Policy, and agree to abide by/be bound by these policies. I Consent to the collection, use, and disclosure of this information as required to facilitate my participation in OAWA and related programs. I further consent to the disclosure of my personal information to the Canadian Amateur Wrestling Association as required for the participation in programs of that organization. Coaches consent to the release of their home phone numbers and other similar information for use in the promotion of the club they are involved in at the discretion of the OAWA. I hereby grant the Ontario Amateur Wrestling Association the irrevocable right to use and disclose, at their sole discretion, any information about me and my participation in Association programs for publicity, advertising, or other promotion of the Association or its programs or for the purpose of acknowledging or publicizing my achievements at events. I understand that this may include written, pictorial, or video materials.

Please check below to acknowledge your agreement:

- I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

Or, I am the Parent or Legal Guardian if the applicant is under 18 years of age and I have read, understand, and agree to the above.

- I agree (or as the parent of the above-noted athlete under 18 years of age I agree on their behalf) that I (they) will NOT participate in any unsanctioned events or Professional combative sporting events (boxing, MMA, etc.). If I do so, I accept that my membership in OAWA will be automatically terminated. I will not be eligible to participate in any OAWA sanctioned events. I will be able to appeal the suspension, or apply for re-instatement as a member after a period of one year. Appeal/re-instatement fees will apply. I agree to forfeit all membership fees paid resulting from my termination.
- I agree (or as the parent of the above-noted athlete under 18 years of age I agree on their behalf) that I (they) will notify their coach in the event I (they) sustain any injury whether received participating in another sporting event or in any other manner. Failure to do so may result in suspension of membership privileges and may result in my withdrawal from participation in events.

I Accept

Parent Name: _____

Parent Signature: _____

Athlete Name: _____

Athlete Signature: _____

Date: _____

Payment Received: _____

