



[www.teamleonidas.org](http://www.teamleonidas.org)

Dear Wrestling Parents:

We are excited to kick off another season of Youth Wrestling at Team Leonidas. We have been a USA Wrestling chartered club since 2012 and expanded our program to include Youth K-8 in 2015. In only three short years, we have grown to over 60 kids which is a direct reflection of our coaches' dedication and hard work, and of the growing demand for wrestling in our area. We are open to **both boys and girls** who are interested in becoming a part of the greatest sport in the world! Our primary goal as a club is to introduce the sport of wrestling to your youth competitor in a way that's both fun and competitive.

This season we will be offering two different levels and a special deal for girls. As we've grown over the past three seasons we have developed the need for a broader range of training for our wrestlers. Some of the kids need to be challenged further to aid in their development while others would benefit from a slower pace. The two levels will be as follows:

**Team Leonidas Gold** – Practice will be 3x per week (Monday 6:00-7:30, Tuesday 7:00-8:30, and Thursday 7:00-8:30). The Gold level will be for kids who are actively competing on weekends, who have at least 2 years of experience, preferably grade 3 and above. This will be a more physically demanding practice and coaches will have a higher expectation of the kids. They will need to be able to keep up with new techniques and must have all the basics well understood. Participation will be up to the discretion of the coaches.

**Team Leonidas Silver** – Practice will be 2x per week (Tuesday 6:00-7:00 and Thursday 6:00-7:00). We will focus on the basic fundamentals of wrestling. This will be an ideal level for our

rookies and younger wrestlers (K-2). Practices will be more focused on basic techniques with a lower intensity level than Gold but still very physical.

**Team Leonidas Girls** – In an effort to expand our youth girls program, if your daughter brings a friend, you can both participate for a single registration fee. Team Leonidas is committed to building girls wrestling at the youth level. Texas is in a unique position where we have a separate girls' division in high school providing a great opportunity for our young female wrestlers in the future. Unfortunately, over the years, girls haven't been given as much attention at the youth level in Texas which we hope to change!

For those Silver kids who would like to do more, we will allow for Silver to transition into Gold by first staying through the workout portion of Gold practices. If your wrestler has made the necessary progress to advance to the Gold practices, we will evaluate on a case by case basis and discuss with the parents. *If you're unsure, please ask a coach about which option is best for your wrestler.*

**Registration:** Will be held on **Tuesday September 18 and Thursday September 20** between **6:00pm and 7:30pm** in the **Seven Lakes High School** wrestling room, which is located behind the main gymnasium on the south side of the building. Please fill out all of the enclosed forms in this packet and return, along with a copy of a birth certificate, to one of the coaches at registration. If you have questions in advance or cannot make it during the registration times, please email [aaron@teamleonidas.org](mailto:aaron@teamleonidas.org) or call 402.206.7756.

**First Practice:** Will be held on **Tuesday September 25** in the **Seven Lakes High School** wrestling room at **6:00pm for Silver and 7:00pm for Gold**. Please plan to arrive a few minutes early to finalize any outstanding registration items so wrestling can get started on time. Practice will last **1 hour for Silver and 1.5 hours for Gold**. During the beginning of practice, we will have a short parents meeting and answer any questions you may have and discuss some changes we have for this season.

All practices will be held at the same location in the Seven Lakes High School wrestling room.

#### **Practice Schedule Summary**

**Monday – Silver** No Practice, **Gold** 6:00pm-7:30pm

**Tuesday – Silver** 6:00pm-7:00pm, **Gold** 7:00pm – 8:30pm

**Thursday – Silver** 6:00pm-7:00pm, **Gold** 7:00pm – 8:30pm

**Cost:** The registration fee will be \$250 per wrestler for the entire year, which will include a Team Leo t-shirt and a USA Wrestling card. For those of you with multiple kids, there is a \$25 discount for each additional kid.

**Practice Gear:** Each wrestler should dress in shorts, t-shirt, wrestling shoes, and a headgear. Also, please bring a water bottle. Wrestling shoes are available at Academy or online from various sources for a pretty reasonable price (\$30-40). Headgear you will likely have to order online. I recommend the “Tornado” style which you can get on Amazon for about \$30.

**Tournaments:** Competition will NOT be mandatory; however, it is encouraged. If your child chooses to compete and utilize the skills he/she has learned in practice there are many opportunities to wrestle locally and best efforts are made to pair up kids by skill level/age/weight, especially with the younger kids. Costs per tournament are generally \$15-20.

**Eligibility:** Grades K-8 **boys and girls**

**Parents at Practice:** There is a designated area in the wrestling room, **off the mat**, where parents can observe all practices. If you are interested in being on the mat with your wrestler, please see below.

**Coaching:** We can always use additional volunteer coaches and you don’t necessarily need any experience in wrestling to help out. All coaches, who wish to be on the mat, are required to pass a background screen, become a member of USA Wrestling, and successfully complete at least a Copper Certification. This can all be done online and it not difficult. A Copper Level certification also allows you to be on the floor during certain regional and state tournaments. If you are interested in helping, please let one of our coaches know or go to [www.teamleonidas.org](http://www.teamleonidas.org) and click on the “Volunteer” link at the top.

Registration Packet:

1. Registration Form
2. Medical Authorization Form
3. Indemnity, Release, and Waiver
4. Texas USAW Age Verification
5. Copy of Birth Certificate (If you’ve provided in prior season I don’t need another copy)

We are looking forward to a great season!

Team Leonidas Coaches

## Team Leonidas 2018-2019 Wrestling Registration Form

Make checks payable to **Team Leonidas Wrestling Club**.

Please Check One:          Team Leonidas Gold  
                                       Team Leonidas Silver

Wrestler's Name: \_\_\_\_\_ Age (as of Aug. 31, 2018) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Wrestling Experience: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Father: \_\_\_\_\_ Cell/Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother: \_\_\_\_\_ Cell/Work# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_

Being the parent or guardian of the above named person, I certify that the above information is true and correct and give approval to his/her participation in any and all wrestling activities throughout the wrestling season.

I give permission for Team Leonidas and/or USA Wrestling or any of its affiliates to publish my child's name, photograph, and/or video image on the internet. I assume all of the risks and hazards associated with club activities including transportation to and from the activities. I understand that it is recommended by Team Leonidas to have some type of hospitalization or medical insurance coverage. However, if I do not have insurance coverage, I do not consider it necessary or advisable that the wrestlers have such insurance in order to participate in any of the Team Leonidas sponsored sports activities. I hereby fully and finally release, indemnify and hold harmless Team Leonidas, Team Leonidas Board of Directors, the owners or management of any properties used by Team Leonidas, any coaches, any sponsors, any volunteers or any other person(s) or entit(y)(ies) associated with Team Leonidas, or any of the officials (collectively the "Parties") from any and all claims that arise out of or relate to my child's participation in any Team Leonidas activity. This release shall apply even though an injury or claim is caused in whole or in part by the negligence of any one or more Parties. I understand that no alcoholic beverages may be consumed at any sponsored activity. I understand that my payment is strictly an enrollment fee. I certify that the date of birth and wrestling experience are correct. I understand that falsification of any portion of this application may result in the wrestler being declared ineligible to participate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Team Leonidas 2018-2019 Wrestling Medical Authorization Form

Wrestler Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 (Optional) \_\_\_\_\_ Phone \_\_\_\_\_

Wrestler's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

List any medication your wrestler is taking: \_\_\_\_\_

List any health problems your wrestler may have: \_\_\_\_\_

Please read the alternative statements below and sign under the one that you choose.

**Sign only one!**

*1. If my child needs medical attention, contact me (or the additional Emergency Contact listed above if I am not available) at the number(s) listed above before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent serious injury. In the event such treatment is necessary, I consent to such treatment and accept responsibility for all costs related to such treatment.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*2. If my child needs medical treatment while participating, I agree that the treatment may be started while efforts are being made to contact me (or the additional Emergency Contact listed above if I am not available). So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**2018-2019 Texas USA Wrestling  
Age, Division, and Experience Level Certification**

Wrestlers Name \_\_\_\_\_ Club: Team Leonidas Wrestling Club

Date of Birth \_\_\_\_\_ Age as of August 31, 2018 \_\_\_\_\_

**Division (Circle One)**

- Tot (Ages 4-5 - Born September 1, 2012 to August 31, 2014)
- D1 (Ages 6-7 – Born September 1, 2009 to August 31, 2012)
- D2 (Ages 8-9 - Born September 1, 2008 to August 31, 2010)
- D3 (Ages 10-11 - Born September 1, 2006 to August 31, 2008)
- D4 (Ages 12-13 - Born September 1, 2004 to August 31, 2006)
- D5 (Ages 14-15 - Born September 1, 2002 to August 31, 2004)
- D6 (HS - Born after September 1, 1999 **and** enrolled in high school)

**Experience Level (Circle one)**

**Rookie** 1st year wrestler; no wrestling match any style, anywhere, prior to March 15, 2018.

**Novice** 2nd year wrestler; no wrestling match any style, anywhere, prior to March 15, 2017.

**Open** 2+ year wrestler.

**Note:** “No wrestling match any style, anywhere” means the wrestler has not wrestled any wrestling match of any style including folkstyle, collegiate, freestyle, Greco Roman, or beach wrestling in any state or country. “Any style” does not include practices where no matches are wrestled or other styles of martial arts such as jiu-jitsu, submission grappling, sambo, Shuai jiao, tae kwon do, kung fu, karate, or other styles that include striking, kicking, punching or joint locking techniques.

I, \_\_\_\_\_, parent/guardian of the above named wrestler have provided the coach of the above named wrestling club with either a photocopy or certified copy of the birth certificate of the above named wrestler. I certify that it has not been altered in any way. I also certify that the experience level indicated above is accurate. I understand that falsification of any information on this form will result in disqualification from the above wrestler participating in any activity with Texas USA Wrestling for the remainder of the 2016-2017 season and other possible sanctions.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
Date

I, \_\_\_\_\_ coach of the above named wrestling club certify that I have received a copy of the above named wrestlers birth certificate and have verified that the birth date stated on this form is accurate. I also certify that I have discussed with the parent/guardian the experience level of the above referenced wrestler. I understand that falsification of any information on this form will result in disqualification from the above wrestler participating in any activity with Texas USA Wrestling for the remainder of the 2015-2016 season and other possible sanctions.

\_\_\_\_\_  
**Coach/Administrator**

\_\_\_\_\_  
Date

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
WITH PARENTAL CONSENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE ( if participant is under the age of 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

