

HOLMEN VIKING WRESTLING CLUB

WELCOME: Hello to all of the new members and welcome back to the returning members. It is time to start the 2018-2019 wrestling season. This flyer is intended to share important information with you. Please remember throughout the season that we are here for our kids.

PRACTICE: All practices are held at IronWorks Training Center

Age	Practice Times	1st Practice
PreK, K, and 1 st Grade	Sunday nights from 5:30 – 6:30	December 2 nd
2 nd and 3 rd Grade	Tuesday & Thursday nights from 5:30 – 6:30	December 4 th
4 th – 8 th Grade	Tuesday & Thursday nights from 6:30 – 8:00	December 4 th

WRESTLING TOURNAMENT: Our annual wrestling tournament will be held Sunday February 10, 2019. Each family is required to work at the wrestling tournament. Watch for details as we get closer to the date.

TOURNAMENT BOARD: When bringing your child to practice, please take a look at the tournament board. This board will let members know of upcoming tournaments and communicate other information. We will try to keep the tournament information updated however, not all flyers will be printed. If you are interested in a particular tournament please visit www.wiwrestling.com and click on kids tournaments. This website is very user friendly and has links to Iowa and Minnesota tournaments. Any questions please contact Brad Burke 608-780-4959.

WEBSITE: Visit HVWC website at www.holmenwrestling.com . If you have questions regarding the club please send a message through the messaging tab.

BOARD OF DIRECTORS:

Brad Burke - President	780-4959	Jodi Runde - Tresurer	778-8017
Steve Eggerichs - Vice President	792-2628	Katie Strasser – Secretary	386-1290
Brent Sinn - Assistant VP	799-3732	Ross Needham - Coaching Coordinator	797-4013

Email: Holmenvikingwrestlingclub@gmail.com

MEETING INFORMATION: We have 3 mandatory parent meetings. They are in January (for our wrestling tourney), fall (parents meeting on the first night of practice) and May (for elections). You must attend 2 of the 3 meetings to have voting rights for choosing the board members.

HOLMEN VIKING WRESTLING CLUB

Wrestlers Name: _____ Date of Birth: _____ USA Card #: _____

What school do you attend: _____ Grade: _____ T-Shirt Size: _____

Circle what session you are signing up for: Pre-K, K, and 1st 2nd – 3rd 4th – 8th

Parent / Guardian Name: _____ Relationship: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent / Guardian Name: _____ Relationship: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Insurance Company: _____ Policy #: _____

Family Doctor: _____ Phone: _____

Is your child presently on medication? _____ If yes, please list medication(s):

Drug Sensitivities: _____

Other Allergies: _____

Date of Child's last complete physical examination by a medical doctor: _____

Please read the alternative statements below and sign under the one that you choose. **Sign only one!**

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent / Guardian Signature: _____ Date Signed: _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. 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 to such treatment.

Parent / Guardian Signature: _____ Date Signed: _____

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HVWC Volunteer Policy

Tournament Service Positions

1. Each family, with at least one child participating in a **Pre-k - 8th grade** practices, will be required to work **1 Tournament Service Position** (approximately 4 hours per position) the day of our Holmen Youth Tournament (February 10th). The volunteer schedule will be available for sign up 4 - 6 weeks prior to the weekend of the tournament. You will be notified, at the time of posting, the positions needing to be filled. It is the parent's responsibility to sign up for their Service Positions prior to the start of the tournament. Phone calls will not be made to recruit help.
2. A family will not be allowed to sign up for any service hours until they have signed and returned the Volunteer Policy form and the required deposit has been received by HVWC. A child will not be allowed to wrestle until both the form and check have been received.
3. The HVWC will send an email containing a link to Signup Genius, which lists the approved jobs needing volunteers. To request filling one of these jobs, a person will need to log into that site and sign up for a time. No other jobs, unless approved prior to the act, will be accepted as Tournament Service Positions. Sign up is on a "first come first serve" basis.
4. Coaches families **WILL be** required to fill the same number of tournament positions as other families.

Fees

1. A separate deposit check of **\$150.00** will be due at the time of registration per registered child for **2nd - 8th grade divisions** and a **\$75.00** deposit check will be due at the time of registration for the **Pre-K - 1st grade division**. This check will be kept in a safety deposit box and **will not be cashed** during the season. The check will be handed to you after the season if you have met the required amount of Tournament Service positions. A separate check is recommended to be written for each child.
2. If a family does not meet the Tournament Service Position requirements by the time the season is completed, the deposit check will then be cashed and deposited into the HVWC account after the season. If the check is not honored due to non-sufficient funds, it is the responsibility of the family to cover the dishonored check and any bank charges assessed to HVWC.
3. If a child leaves the program by January 1st, the check will be returned to the family.

Recording Requirements

1. The volunteer job completed will be recorded according to the family's name. Any **adult** on behalf of that family may fill a job. Only the family's name listed on the Volunteer Service Schedule will receive credit for the job worked.
2. Once you have been confirmed to a job, it is **your** responsibility to find an adult replacement for that job in the event you are unable to fill your scheduled service time.
3. When a volunteer has completed their job, they must sign the sign-in sheet posted in the concession stand. This must be completed or the hours will not be accepted. Sign-in sheets will be at the tournaments. If the sign-in sheet is not signed, the family will be unconfirmed for the job they signed up for and will not receive credit for that position.
4. **It is the parent's responsibility to make sure their jobs have been confirmed correctly.** If there are any problems found, a parent should contact the HVWC board. Appeals must be made within 2 weeks from the date of service worked or they will not be considered.
6. In the event of inclement weather or other unforeseen circumstances, it is your responsibility to report for your scheduled position or service hours unless you are notified by a HVWC representative. A HVWC representative will also notify you either then or at a near future date whether your tournament position will be rescheduled to another time. If it cannot be rescheduled, you will receive credit for your time. You are still required to complete a Volunteer Service Schedule noting the reason for the credit and name of the HVWC representative that notified you.
7. If at any time a family cannot fulfill their Tournament hours due to hardship, a request can be made to the HVWC board to be considered for exemption.

I, _____, parent/guardian of _____

who is registered as a player with HVWC hereby agree to abide by all terms and conditions of the HVWC Volunteer Policy as written.

Signature _____ Date _____

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Photo Release

I the parent/guardian of _____, do hereby give permission to the HWWC organization to publish my son/daughter's photo and name on their website or in newspapers when applicable.

I also knowingly accept that my son/daughter's name and birth date will be on a published roster and that we may be asked to provide a birth certificate as proof of age.

Signed: _____

Date: _____

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Parent & Athlete Concussion Agreement

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 _____



125 South Webster St.
PO Box 7841,
Madison, WI 53707

Phone 608-266-3390
Toll free 800-441-4563
Web site <http://www.dpi.wi.gov>

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Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply

I participate in:

Football

Baseball/Softball

Basketball

Hockey

Soccer

Golf

Volleyball

Wrestling

Track & Field

Cross Country

Cheerleading

Skiing/Snowboarding

Gymnastics

Tennis

Swimming & Diving

Other _____

Name of Current Team _____

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

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

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.