



**RCW WOLFPACK**  
**2017-2018 FOLKSTYLE SEASON REGISTRATION**

**REGISTRATION FEE-** (Non-Refundable)

\$350.00 - first child

\$300.00 - each additional child in the same household.

Fee will include: All practices, USA CARD(required in TX) apparel package and Facility fee.  
*(If you need to set-up a payment plan, let us know.)*

**If you are currently in another sport, you must register for wrestling and make payment, do not wait til your season is over. We may have a cut-off. Don't miss out.**

**PAYMENT-** Due Now!!! We will accept cash or check for payment(s). All fees must be received AND processed before your wrestler will be permitted to participate.

**NO EXCEPTIONS. NO REFUNDS.**

**PRACTICE LOCATION** – Rockwall High School Wrestling Room  
901 W. Yellowjacket Ln  
Rockwall, TX 75087

**PRACTICE SCHEDULE-** (Times subject to change)

**ROOKIE (1<sup>ST</sup> year wrestler) and/or 7 & under:**

Tuesday and Thursday

6:15-7:00 PM

**EXPERIENCED WRESTLERS (2+Years):**

Tuesday and Thursday

7:00-8:30 PM

**Open Mat / Conditioning (open to all):**

Wednesday, 6:30 – 8:00 PM

**Wrestling shoes and Headgear are required at practice for all wrestlers, and are the responsibility of the parent.**

**TOURNAMENTS-**Wrestlers are required to wear singlets, wrestling shoes and headgear in all Texas tournaments. **Tournament fee not included in registration fee.**

**Tournament schedule:** Will be posted on the club website AND team app.  
It will be the responsibility of the parent to check tournament dates, location and times.

FOR MORE INFORMATION, VISIT OUR WEBSITE: [www.rockwallcountywrestling.com](http://www.rockwallcountywrestling.com)  
or follow us on FB: RCW WOLFPACK WRESTLING CLUB

# RCW WOLFPACK 2017 – 2018 REGISTRATION FORM

Please include copy of Birth Certificate

Registration Fee: \$350.00

Fee will include: All practices, USA CARD (Required in TX), apparel package & Facility fee.

FEE MUST BE PAID AND PROCESSED BEFORE YOUR WRESTLER WILL BE PERMITTED TO PARTICIPATE.

WRESTLER'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH \_\_\_\_\_ AGE ON SEPTEMBER 1ST, 2017 \_\_\_\_\_  
SCHOOL \_\_\_\_\_

SCHOOL GRADE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT(S)/GUARDIAN \_\_\_\_\_  
FATHER MOTHER

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
FATHER MOTHER

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
FATHER MOTHER

HAS THIS CHILD EVER WRESTLED IN A USA OR TXUSA TOURNAMENT? \_\_\_\_\_

IF SO, HOW MANY YEARS EXPERIENCE? \_\_\_\_\_ WHERE? \_\_\_\_\_

DO WE HAVE PERMISSION TO USE CHILD'S PHOTO ON OUR WEBSITE? \_\_\_\_\_

WILL PARENT VOLUNTEER TO HELP AT PRACTICE? Y/N WRESTLING EXPERIENCE? Y/N

## FOR OFFICE USE ONLY

<input type="checkbox"/> PAID REG. DATE _____ CASH / DEBIT / CREDIT \$ _____	<input type="checkbox"/> MEDICAL INFO / CONSENT
<input type="checkbox"/> SHIRT (FREE) SIZE _____	<input type="checkbox"/> LIABILITY WAIVER FORM
<input type="checkbox"/> SHORT SIZE (FREE) _____	<input type="checkbox"/> BIRTH CERTIFICATE
<input type="checkbox"/> WARM-UP SIZE (FREE) _____	<input type="checkbox"/> AGE CERTIFICATION
<input type="checkbox"/> SINGLET ORDERED WT _____ SIZE _____	<input type="checkbox"/> RULES AGREEMENT
<input type="checkbox"/> PAID SINGLET _____	USA CARD
<input type="checkbox"/> RECEIVED APPAREL	NUMBER _____
	COMPETITIVE WEIGHT _____
	DIVISION(TOT-5) _____
	ROOKIE / NOVICE / OPEN
	(CIRCLE ONE)

# RCW WOLFPACK MEDICAL CONSENT FORM

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WRESTLER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_  
NAME RELATIONSHIP

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

HOME PHONE \_\_\_\_\_ MOTHER CELL \_\_\_\_\_

FATHER CELL \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICAL CONDITIONS \_\_\_\_\_

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EMERGENCY CONTACT OTHER THAN PARENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## MEDICAL CONSENT

In the event that my child needs medical treatment while participating, it is my wish that treatment is started while efforts are being made to contact me. So that treatment is not delayed, I hereby grant permission to Rockwall County Wrestling to provide consent for treatment 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.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
(Name of Child) (Date of Birth)

\_\_\_\_\_  
(Street Address) (Town) (State)

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature) (Date)

\_\_\_\_\_  
(Name of Sponsoring Organization) (Designated Sport)

**TEXAS USA WRESTLING WEIGHT CLASSES BY DIVISION**

**2017-2018 FOLKSTYLE Season**

Age as of August 31, 2017

<b>Tots</b>	<b>Div 1</b>	<b>Div 2</b>	<b>Div 3</b>	<b>Div 4</b>	<b>Girls MS</b>	<b>Div 5</b>
<b>5&amp;Under</b>	<b>7&amp;Under</b>	<b>9&amp;Under</b>	<b>11&amp;Under</b>	<b>13&amp;Under</b>	<b>11-14</b>	<b>15&amp;Under</b>
35	38	49	56	70	60	88
38	42	52	60	75	65	95
41	46	55	65	80	70	105
44	50	58	70	85	75	115
48	55	61	75	90	80	125
52	60	65	80	95	85	135
56	65	70	85	100	90	145
60	72	75	90	110	95	157
Hwt**	80	83	95	120	100	175
	Hwt**	92	100	130	110	200
		100	110	142	120	275
		115	120	155	130	
		Hwt**	135	175	142	
			Hwt**	Hwt**	Hwt**	

\*\* Maximum weight difference for HWT is 15 lbs for Tots and D1; 25 lbs for D2 and D3; and 35 lbs for D4

**A one (1) pound growth allowance will be added to all weight classes in Divisions Tot to Division 3 beginning Jan 1, 2018.**

**A two (2) pound growth allowance will be added to all weight classes in Divisions 4 and 5, and Girls MS beginning Jan 1, 2018.**

**Girls MS Division wrestlers cannot be in the 9th grade regardless of age.**

**2017-2018 Texas USA Wrestling  
Age, Division, and Experience Level Certification**

Wrestlers Name \_\_\_\_\_ Club \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of August 31, 2017 \_\_\_\_\_

**Division (Circle One)**

- Tot (Ages 4-5 - Born September 1, 2011 to August 31, 2013)
- D1 (Ages 6-7 – Born September 1, 2009 to August 31, 2011)
- D2 (Ages 8-9 - Born September 1, 2007 to August 31, 2009)
- D3 (Ages 10-11 - Born September 1, 2005 to August 31, 2007)
- D4 (Ages 12-13 - Born September 1, 2003 to August 31, 2005)
- D5 (Ages 14-15 - Born September 1, 2001 to August 31, 2003)
  
- Girls MS (Ages 11-14 and \*not\* enrolled in HS/9<sup>th</sup> – Born 9/1/02-8/31/06)

**Experience Level (Circle one)**

- Rookie** 1<sup>st</sup> year wrestler; no wrestling match any style, anywhere, prior to March 15, 2017.
- Novice** 2<sup>nd</sup> year wrestler; no wrestling match any style, anywhere, prior to March 15, 2016.
- 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 2017-2018 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 2016-2017 season and other possible sanctions.

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

\_\_\_\_\_  
Date

# RCW WOLFPACK Rules and Behavior Contract:

*Because I am part of this team, I understand that I must abide by the following rules:*

## **Rules of Engagement:**

- RCW coaches and staff are volunteers and at no time are they to be treated with disrespect.
- Coaches are here to teach wrestling, you must follow their instruction.
- You will always put 100% effort while representing RCW at activities.
- You will treat others with respect. You will not fight, bully or intentionally cause harm to another.
- Absolutely **NO** use of profane language or physical misconduct.
- You must understand that while participating in RCW, you are here to wrestle not play.
- Parents: are required to volunteer at our team tournament in order for your child to wrestle.
- Allow 24 hours before addressing any conflict or issues with the Parent Liaison (*Lana Fulkerson*)

## **Facilities Rules:**

- All persons attending RCW activities must clean up after themselves. NO food or drinks in the wrestling room.
- In order to have the privilege of using the facilities within Rockwall Independent School District, you must understand that we are guests and our future use will depend on our actions.
- We are only permitted to use the wrestling room. All other areas of the school are off limits.
- **Do not** allow your children to wander the halls unattended.
- **Do not** misuse the facility or equipment. Do not play on the equipment (ropes, pull-up bars, etc.).
- **All non-wrestlers** are not permitted in the wrestling room and are to remain in the hallway.

*At RCW, we would like to maintain order and respect. Please understand that failure to follow the rules may result in disciplinary action and/or dismissal at the discretion of the Coaches and Staff from Rockwall County Wrestling.*

RCW staff reserve the right to make exceptions to these rules or changes at any time, for any reason. By signing below, you are agreeing to the rules above:

\_\_\_\_\_

Wrestler's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Name

\_\_\_\_\_

Date