



**Lake Erie Wrestling Club
Powered by Oregon Clay Wrestling**

Our Philosophy: The purpose of the Lake Erie Wrestling Club is to instill a love and passion for the sport of wrestling. Surrounding our kids with positive role models and coaches, having fun, and teaching perseverance will provide the foundation for success this off-season. Our coaching staff is committed to developing our athletes and build upon the skills they have to be competitive in our Youth, Junior High and High School wrestling program.

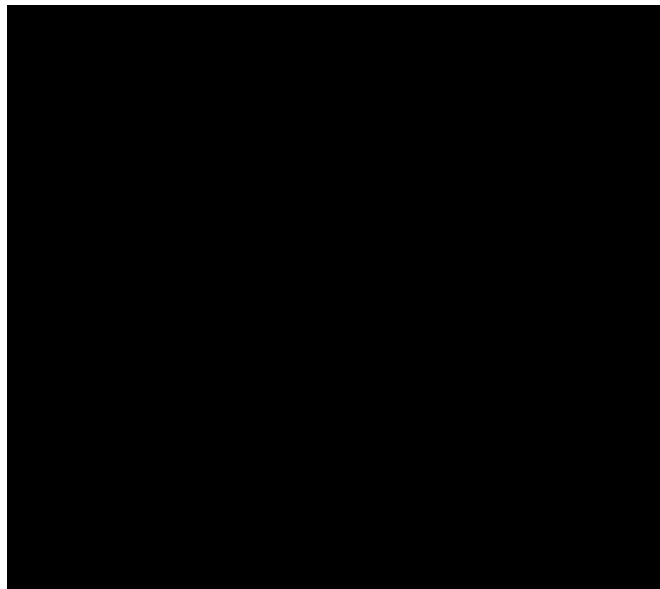
Training Cycle Dates/First practice:

April 2nd thru May 21st, 2020 at Oregon Clay HS Wrestling Room 4:00-5:30pm

****Tuesdays and Thursdays****

Contact Information:

Drew Lashaway – Email: Dlashaway@oregoncs.org or by phone at 419-308-4613



******Make all checks payable to: Lake Erie Wrestling Club******

Costs: \$75 per wrestler in grades K-12

Price Includes: Lake Erie T-Shirt **Shirt size:** _____

Workout Schedule: Tuesday, and Thursday 4-5:30pm @Clay High School

Name: _____ Age _____ Grade _____

Address: _____ City _____ Zip _____

Phone #: _____ School: _____

E mail: _____ Birthdate: _____

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Emergency Medical Information Form**

Student/Athlete Name: _____ *Age:* _____

Address: _____ *City:* _____ *ST:* _____ *Zip:* _____

INSURANCE INFORMATION: (PLEASE PRINT NEATLY)

Mothers Name: _____ *Fathers Name:* _____

Mothers Phone #: _____ *Fathers Phone #:* _____

Name of Insurance Carrier: _____

Policy Group Number: _____ *Policy Certificate or ID #:* _____

MEDICAL INFORMATION: (write "None" if not applicable)

Medications presently being used:

Medication that the student is allergic to:

Please list any other important medical history/data about this student:

MEDICAL AUTHORIZATION FORM

I hereby give permission for emergency treatment of above student-athlete by physicians, school sports medical staff, coaches, EMT's, or hospital emergency room personnel for treatment for any illness or injury resulting from, or affecting, his/her athletic participation. Also, in the event that I cannot be reached, I hereby authorize and give permission to take my child to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit my child for treatment. I further understand that all expenses and liability for said expenses incurred with respect there to shall be fully assumed by me. Also, I am aware of the risks in wrestling, and in consideration of my son's/daughter's participation in the Lake Erie Wrestling Club, I hereby agree to indemnify and hold harmless, Oregon City Schools and its Administration along with the coaching staff, its students, employees, volunteers, sponsors, and agents, the Athletic Department and their employees, instructors or agents, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of or relating to my son/daughter's use or presence at these facilities. I attest that I have read and understand this assumption of risk and waiver of liability and that I am the child's parent or legal guardian.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND RETURNED TO COACH LASHAWAY BEFORE YOU WILL BE ALLOWED TO PARTICIPATE IN THE CLUB!!!