



**GGT WRESTLING**  
**2024 IKWF Season Wrestling**  
Geneva High School

**Cost: \$300**

**Tuesday Thursday 6pm to 800pm**

**T-Shirts Size:** \_\_\_\_\_

Coach Gomez will assign each wrestler to practice time. Changes to assigned times are at the sole discretion of Coach Greg Gomez. Each wrestler will be placed in the appropriate practice based on their age, size, and skill level. This will optimize partnering and maintain a safe environment for optimal training. All special clinics and classes with guest Coaches/ Instructors will be optional and at an additional charge unless otherwise notified by Head Coach Greg Gomez. Wrestler Information

**NAME** \_\_\_\_\_

**USA CARD NUMBER** \_\_\_\_\_

USA Wrestling Card Membership Required No refunds will be given after registration is completed. The only exception is if the wrestler sustains an injury which prohibits him/her from training and/or competing. A partial prorated refund can be given with a doctor's note and proper documentation. Parent/ Guardian Information: By signing this contract I understand I am agreeing with all the terms listed above.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GGT WRESTLING PARTICIPANT & REGISTRATION RELEASE**

Last \_\_\_\_\_ First \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent's Email Address: \_\_\_\_\_

Day: \_\_\_\_\_ Evening \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number Where Emergency Contact may be reached:

\_\_\_\_\_

Release of Liability: The undersigned participants and his/her parent / legal guardian agree to hold Greg Gomez Trained Wrestling Geneva H.S AND District 304, , its coaches, and volunteers harmless from claims ,damages, losses and/or expenses arising out of participation in wrestling activities(including: any physical conditioning ,training, drilling) and to assume all liability for any and all personal injury, body injury , illness or property damage that occurrences a result of participation in such wrestling activities. Signature of this agreement also warrants that participation in wrestling is voluntary and that the participant understands that these risks exist despite the wrestling club coaches, trustees, for no reason you will not degrade Greg Gomez Trained Wrestling Geneva H.S in any social media forms.

**Parent/legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Information: All information collected is for GGT, Geneva H.S use only. Images at practice and tournaments may be used to promote GGT Wrestling. Name and address are not released without parent consent.

**Parent/legal Guardian Signature:** \_\_\_\_\_

**GGT WRESTLING**

Medical Release Form TO WHOM IT MAY CONCERN: As a parent and/ or guardian, I do here with authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: \_\_\_\_\_ Father, Mother, Legal Guardian. (Circle One)

Parent e-mail address: \_\_\_\_\_ Specific medical

allergies, chronic illnesses, or other conditions:

\_\_\_\_\_

**OTHER CONTACT IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This form must be filled out in entirety and signed, prior to minor's participation in any GGT practice/Geneva H.S Athletics or tournaments.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## How to Registration for GGT WRESTLING

### STEP 1

Register and Join our Club!

### STEP 2

Purchase/Renew USA Wrestling Athlete Membership Card

\$50 online through USA Wrestling (**this card is MANDATORY for practice – Be sure to select Greg Gomez Trained Wrestling in pull down menu**)

Note: You cannot compete in tournaments until you are shown on our [IKWF.org roster](http://IKWF.org) **A birth certificate must ALSO be sent to the IKWF office for NEW team members age verification.** Please send wrestler's name, indicate Greg Gomez Trained Wrestling and email copy of birth certificate to [ikwf@ikwf.org](mailto:ikwf@ikwf.org) or via mail to:

### IKWF

**4932 Wilshire Blvd.**

**Country Club Hills, IL 60478**

### STEP 3

**See you at the first practice!** You will need wrestling shoes and headgear. Shoes can be purchased at Dick Pond Athletics in Greg Gomez Trained Wrestling (Mention our club's name to receive 15% OFF each pair of shoes) Other stores include Eastbay.com, Play It Again Sports (depending on availability) ... Please print out paperwork and bring to 1st day of practice>

### HELP YOUR WRESTLER BY COACHING

All coaches will receive a T-shirt on your wrestler's membership and will receive free entry to most wrestling tournaments. (No experience required)

- **Wrestling Leader Membership** – \$45.75, must be purchased using [USAW's online membership system](#) per U.S. Olympic Committee (USOC) mandate.

**The steps below must be completed using [USAW's membership system](#) as mandated by the U.S. Olympic Committee (USOC). The IKWF cannot process these applications and payments per the USOC mandate.**

- 1) Background Screening every other season (coaches and officials UNDER 18 years old are not required to pass a background screening).
- 2) Safe Sport Certification (**Must be completed every season per federal law**).
- 3) Purchase Wrestling Leader membership.

**The steps below are required by the IKWF by-laws to coach at any IKWF event.**

- 4) Complete National Coaches Education Program (NCEP) Certification.
- 5) Receive approval from your IKWF club leader to be placed on the IKWF club roster.