

New York Super Six Wrestling Club Application

Do Not Write in this Box

Amount Paid: _____ **Date Paid:** _____ **Check # or Cash:** _____

Last Name: _____ **First Name:** _____ **Gender:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Birth Date: _____ **Phone:** _____

Today's Date: _____ **Parent or Guardian E-Mail Address:** _____

School Attending: _____ **School Grade:** _____

Have you been a NYSS member before? (Circle one) Yes or No

Do you already have a current USA Wrestling Membership Card? (Circle one) Yes or No

USA Wrestling Card Number: _____

Authorization for Medical and Surgical Treatment if Needed

I, _____, Mother/Father/Guardian of _____

hereby give permission for medical and surgical treatment to be administered to my child if it is deemed a medical emergency. I agree that the acting NYSS coaching staff members should act on my behalf should an emergency situation occur.

Parent or Guardian Signature: _____ **Date:** _____

Important Medical Information

Allergies or Medical Problems: _____

Please indicate whether student-athlete is up to date on immunizations Yes or No

Physician: _____ **Physician's Phone:** _____

Medical Insurance Carrier: _____ **Policy Number:** _____

Mother: _____ **Mother's Phone:** _____

Father: _____ **Father's Phone:** _____

Other Emergency Contact: _____ **Other Emergency Contact's Phone:** _____

New York Super Six Wrestling Club Code of Conduct

As an acting member of the NYSS Wrestling Club, you are representing yourself, your family, the club and your school. As a member of the club, we demand that you represent the parties listed above with pride, dignity and class. Each wrestler is expected to assume responsibility for his or her actions. New York Super Six would like to stress the following:

1. Good Sportsmanship
2. Work Ethic & Attitude
3. Training and Competition

You will be asked to leave the club, *WITHOUT REFUND*, if you are involved in any of the following activities:

1. Use or possession of drugs deemed illegal by the state of New York
2. Drinking alcoholic beverages of any kind
3. Any use of tobacco products (chewing, smoking or snuffing)
4. Stealing, tampering or damaging property of any kind
5. Poor work ethic and/or bad attitude

Violation of these codes will not be tolerated and immediate dismissal of your membership will take place *WITHOUT REFUND*. NYSS reserves the right to revoke the membership of any wrestler who fails to comply with our code of conduct. By signing the agreement below, you are stating that you fully understand this entire application and accept the rules set fourth by the NYSS administrators and coaches.

By my signature, I am agreeing to and will abide by all of the NYSS Student-Athlete Code of Conduct listed above. I also realize the NYSS membership fee is *NONREFUNDABLE*.

Wrestler's Signature: _____ **Date:** _____

Parent's/Guardian's Signature: _____ **Date:** _____