

# EPYWA PARENT RESPONSIBILITIES

As a condition to my child(s) or children(s) participation in the \_\_\_\_\_ season East Penn Youth Wrestling Association (EPYWA), I hereby agree to accept the following responsibilities:

Wearing of uniform only at matches, NOT to practice or program-unrelated activities  
Return of uniform, cleaned and in good condition, at the designated uniform return date, time, and location.

Payment for any necessary repairs to uniform if damage exceeds ordinary wear-and-tear in relation to condition of other returned uniforms (damage such as tears, holes, or areas worn excessively thin).

Payment for replacement of lost uniform or uniform damaged beyond repair:

- Singlet, \$70

Travel-and-time reimbursement for replacement occurrence (i.e. whether entire uniform just one item replaced), \$15

Payment of damages in not covered by or in excess of EPYWA liability coverage, which were caused by me or my child.

Payment of any fines levied against the EPYWA due to misconduct by me or my child. Immediate removal of myself and/or my child from the premises if requested to do so by a referee, on-duty security personal, the EPYWA Program Coordinator, President, or Vice-president, a school official, or Valley Elementary League tournament official.

Observance of prohibition of alcohol and tobacco *anywhere* on school premises (applies both inside and outside of buildings, in parking lots, etc.).

Accompaniment of my child into and away from the practice area in a timely fashion.

Personal supervision of my own children not participating in program and restricting my and their access to a non-interfering section of the practice facility (i.e. no roaming the halls).

## **PARENTAL PARTICIPATION IS MANDATORY!**

In order to have a successful season, we need your help and cooperation! It is mandatory to participate in at least two one-hour shifts at home meets either by working at the concession or as an event monitor.

**ADDITIONAL AREAS WHERE YOUR HELP IS NEEDED:** (Optional)

- Coaching Asst./Team Parent
- Timer/Scoreboard/Statistician
- Weekly Set-Up/Take-Down

Please check if certified in:

Basic First Aid     CPR     Automatic External Defibrillation

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Child's Full Name

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Child's Full Name

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Child's Full Name

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Parent/Guardian's Name

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Parent/Guardian's Signature

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Date

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Parent/Guardian's Name

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Parent/Guardian's Signature

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Date