



Alliance Wrestling at Eureka Valley Recreation Center (EVRC)

100 Collingwood St. San Francisco CA 94114 +1.415.831.6810 (practice facility office)

Tuesday/Friday 6-9pm Saturday 3-5pm

Ages 12-18 Upstairs All Purpose MAT Room

Basic Policies:

1. Alliance Wrestling is funded and operated by Golden Gate Wrestling (GGWC) out of Eureka Valley Recreation Center, a 30 year old San Francisco 501c3 non-profit organization.
2. Alliance Wrestling is focused on FreeStyle/GRECO for San Francisco Bay Area high school aged Wrestlers ~12-18 years old.
3. Alliance Wrestling *-requires-* only a USA Wrestling membership card in order to protect the Wrestler with a full medical policy, and the coaches/rec center with a liability policy. The card can be obtained on-line at <http://usawmembership.com> . Look for membership, competitor, SF Bay Area, and Alliance Wrestling. The card is ~\$50 and is valid from September through August. Please print off a copy of the card to give to the coaches, and keep another copy with you when you come to practice. This card entitles the Wrestler to local/state/national competitions as well as insurance and liability coverage. Check with your high school coach who may be able to get you a card cheaper.
4. USA Wrestling *-requires-* that Alliance Wrestling staff its practices with qualified certified adult coaches who have had background checks. Wrestlers need the permission of their parents and high school coach to practice with Alliance Wrestling.
5. All Wrestlers must have valid USA Wrestling cards with them.
6. If a Wrestler cannot afford the USA Wrestling card fee of ~\$50, Alliance Wrestling will purchase it if need can be verified.
7. Wrestlers will be given a rashguard T-Shirt to be worn at practice. Wrestlers should wear legitimate Wrestling Shoes and boardshorts or singlets. Jewelry, baggy clothes with pockets, barefoot, and street shoes are prohibited.
8. Alliance Wrestlers will be organized as a team to compete in local tournaments. Fees for tournaments will be paid by Alliance Wrestling.

Thank You from the Coaches of Alliance Wrestling at Eureka Valley Recreation Center



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Confidential Individual Wrestler Emergency Form (PLEASE PRINT, Fill-Out, and Return to the Coaches)

Wrestler's Name: _____

DOB (mm/dd/ccyy): _____ **Age:** 12 13 14 15 16 17 18

School Grade: 6 7 8 9 10 11 12 **Tel#:** _____

Address: _____

eMail Address: _____

Experience: _____

School: _____ **City:** _____

High School Coach's Name: _____

Shoe: 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 12.5 13

RashGuard T-Shirt Size: XS S M L XL **Weight (#lbs):** _____

Health Issues: asthma epilepsy allergies other:

Signature: _____ **Today's Date:** _____

Guardian Contact Name: _____

Relationship: _____ **Tel#:** _____

eMail Address: _____

Signature: _____ **Date:** _____
