



Golden Gate Wrestling (GGWC) at Eureka Valley Recreation Center

100 CollingWood St. SF CA 94114 +1.415.831.6810 (practice facility office)

Tuesday/Friday 6-9pm / On-Demand Saturday 3-5pm upstairs All Purpose Room

Basic Policies:

1. Golden Gate Wrestling (GGWC) has operated out of Eureka Valley Recreation Center as a SF Parks and Rec program since 1986.
<http://wrestlerswob.com/ggwc> wrestler@dermodynamics.com +1.415.373.8015
2. GGWC is a 38 year old San Francisco based 501c3 non-profit that specifically services KIDS (Camp Grappling), YOUTH (Alliance WC), and ADULT wrestling/grappling programs.
3. GGWC is the ADULT program focused on FreeStyle/GRECO/Grappling for all > 18 years old.
4. Camp Grappling is the GGWC KIDS wrestling program focused on the 'KIDS' aged 6-11 years old.
5. Wrestlers/Grapplers in *-ALL-* GGWC ADULT programs (> 18 years old) are *-required-* to *purchase* a USA Wrestling membership card in order to protect the Wrestler/Grappler with a full medical policy, and the GGWC coaches and SF rec center with a \$2mil liability policy. The card can be obtained on-line at <http://usawmembership.com/login> . Look for membership, competitor/coach, SF Bay Area Wrestling Association (BAWA), and Golden Gate Wrestling Club (GGWC). The card is ~\$55 and is valid from September through August. Please print off a copy of the card to give to the coaches. *You must have a copy of the card with you whenever you come to practice!* This card entitles the Wrestler to local/state/national competitions as well as full medical insurance coverage. The card also covers \$2mil liability for everyone involved with GGWC's programs as USAW sanctioned/charted clubs.
6. GGWC requires of the ADULT wrestlers/grapplers an *annual* dues fee of \$100 to cover maintenance of the mats, etc... This is *-in addition to-* the ~\$55 USAW Competitor Card. GGWC has a CreditCard/PayPal link: The dues can be paid semi-annually.
<https://dermodynamics.com/WWBGGWCPayPal.htm> .

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7. Non-Profit 501c3 Tax Deductible Donations to GGWC programs:
<https://dermodynamics.com/WWBGGWCPayPal.htm>
8. USA Wrestling *-requires-* that GGWC staff its practices in all programs with qualified certified adult coaches who have had *USAW background checks*. These USAW Coaches background checks are also available from <https://usawmembership.com/login> for ~\$55. Certified coaches are required to be present for an official insured program practice to occur.
9. As stated above, All Wrestlers in *ALL* GGWC ADULT programs must have current valid USA Wrestling cards with them at practice in the event of an injury that requires visiting the hospital emergency room. The closest hospital ER is a few blocks away at: Davies Medical Center 45 Castro St. @ Divisadero & Duboce Ave SF CA 94114 +1.415.600.6000.
10. To join the GGWC ADULT email ListServ and be kept informed of the practice schedule, please send an email to: GGWCPractice-Subscribe@YahooGroups.com . You will then receive an email invite and be subsequently added. You do not need a Yahoo email address to be added to the ListServ.
11. Once added to the GGWC ListServ, you can contact the coaches and the group by sending an email to: GGWCPractice@YahooGroups.com . It is recommended that you *always* send an email to this ListServ before each practice stating whether you are coming or not, your name, weight, age, skill level so others will be more motivated to get to practice.
12. All Wrestlers in any program will be *given* a Team rash guard T-Shirt to be worn at practice. Wrestlers should wear legitimate compression shorts, board shorts, or singlets. Jewelry, baggy clothes with pockets, and street shoes are prohibited. Grapplers may choose to be barefoot. For skin protection, All wrestlers/grapplers *-MUST-* wear a rash guard T-Shirt.
13. Schedule: GGWC ADULTs and YOUTH all styles: Tuesday/Friday 6-9pm Saturday 3pm.
Camp Grappling (KIDS) Saturday 12-2pm

**Keep this information handy. Thank You from the Coaches of
GGWC at Eureka Valley Recreation Center**



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Confidential Individual Wrestler Emergency Form for ADULTS

(PLEASE print, fill out, and return this page to the Coaches at your first practice)

Name: _____

DOB (mm/dd/ccyy): ___/___/____ **Tel#:** _____

Address: _____

eMail Address: _____

Experience: _____

City: _____ **State:** _____ **ZipCode:** _____

Shoe: 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:

Emergency Contact Name: _____

Relationship: _____ **Tel#:** _____

I have read and agree to abide by the basic polices of GGWC:

Signature: _____ **Date:** _____
