MITCHELL YOUTH WRESTLING—2025-26

Youth Wrestling Registration

Come Join..

Mitchell YOUTH Wrestling

WHEN: Registration October 27-November 3
PRACTICE BEGINS- October 27th
WHERE: Mitchell High School (Wrestling Room)
WHO: K-5th Grade Boys AND Girls
For more info call 424-262-7829

Registration: October 27-Nov. 3
Please submit your registration ASAP to ensure a uniform (t-shirt/shorts) for your child. *Please make all checks out to Western Carolina Wrestling Club (WCW)*

Practices Begin ***Monday, October 27th***
Practices will usually be held Mondays & Thursdays at Mitchell HS. 6:00-7:30 for K-5th Grade.

Sessions: **Session 1- October 27- December 22nd- Open to ALL Wrestlers K-5th Grade (boys AND girls)**
Session 2- January 5-February 8th- Open to ALL Wrestlers K-5th Grade (boys and girls).
Wrestlers participating in session 2 will be invited to participate in State Championships!!!

ONE FEE COVERS BOTH SESSIONS! Wrestlers can participate in one OR both sessions.

Division: **PLEASE CHECK ONE**
K-2nd Grade _____
3-5th Grade _____
Fees: $65 (non-refundable)…

Fees should be paid when registration form is turned in. Please call Ed Duncan at 828-467-3859 if you need assistance with fees. A registration form that is not accompanied by a payment will not be processed. Please make checks out to Western Carolina Wrestling Club (WCW)
For Practice Information call or text 424-262-8729

Child's Name: _____

Address: _____ City_____ Zip:_____

Phone #: _____Grade: _____Age: _____ Date of Birth: _____

Weight: _____Sex: _____ School Attending: _____
Shirt Size: Youth Med__ Youth Lg__ Adult Sm__ Adult Med__ Adult Lg__ Adult XL__

Medical information (any health information needed for staff regarding child's safety):
_____
_____
_____
_____

Emergency Contact: _____ Phone #: _____

E-Mail Address: _____

I understand that injuries can occur when involved in a physical activity. I will not hold Mitchell County or staff responsible for any injuries that may occur while my child is participating.
Parent/Guardian Signature:_____ Date: _____
I would like to volunteer to coach:_____

Note: Fees are used in part to provide gap medical insurance that picks up where your primary insurance coverage leaves off in the event your child is injured in a game. Any claims must be submitted to the primary carrier first.

PLEASE SIGN PARENTAL CODE OF CONDUCT ON BACK!!!

Mitchell County Parks & Recreation

26 Crimson Laurel Circle Suite 1
Bakersville, NC 28705

Parent Code of Conduct

Mitchell County Parks & Recreation has a **ZERO TOLERANCE** policy regarding parent, coach, and student behavior. If you are asked to leave due to your behavior toward other parents, coaches, officials, or children, you will be banned from all youth sports events for a year. Please read this form fully and understand that by signing, you and those in your family will abide by this policy. If you refuse to sign this code of conduct, your child will be ineligible to participate in Mitchell County Parks & Recreation Department activities.

As a parent, I acknowledge that I am a role model. I will remember that Youth Athletics is an extension of the classroom, offering learning experiences for the students. I will remember that the game is for children and **NOT** for adults. I will provide support for, and show respect to **ALL** players, coaches, spectators, and support staff. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by the Mitchell County Parks & Recreation Department. I understand that ANY violation of this code of conduct will not be tolerated **UNDER ANY CIRCUMSTANCES**. Those who cannot abide by this policy are subject to suspension or expulsion from youth sports activities associated with the Mitchell County Parks & Recreation Department. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

_____

Parent Signature

_____

Date

_____

Player's Name