

Wednesday, March 1, 2017

Dear Parent(s),

Over the past several years, I have been involved in coaching wrestling. Mr. Bradford and I will be coaching the wrestling club again this year and we will enter Grandview students in the county wrestling tournament.

Male and female students from grades 5-8 are invited to come out and give wrestling a try. Students will be instructed in conditioning, how to fall safely, take-downs, and pinning combinations. Any home conditioning that can be done will benefit the wrestlers. I will discuss with the wrestlers what type of conditioning would be suitable for home.

Wrestling will begin Wednesday, March 22. Practices will be held on Wednesday during first nutrition break, Thursdays afterschool until approximately 4:30 and various nutrition breaks when coaching is available. It is important for parents to realize that we instruct the students how to wrestle safely. However, due to the inherent nature of the sport, injuries can occur. **We insist that students do not practice on the school ground or on unwilling siblings or parents.** The wrestling techniques should only be done in the gym under the supervision of an adult. Students missing practices or being unsafe will not be able to continue as part of the team. Students will need gym shorts (preferably with no pockets), a t-shirt and running shoes to take part in practices. Zippered and/or buttoned shorts are not acceptable.

The tournament will be held the week of April 24 at W. Ross MacDonald School. Students will wrestle against their same sex at the tournament and in weight divisions (divisions vary; usually by 2-5 lbs in each division). There are no age categories. Students compete for individual medals and for the overall points total for the boys and the girls. The more participants, the better the chance of an overall school victory. We will not make cuts from the team unless a student has not got enough practices in to wrestle safely or exhibits unsafe behaviour.

A permission form needs to be signed before a student can take part in this activity. Please return the attached form prior to the beginning of the wrestling season. I am looking forward to beginning this activity at Grandview and hope that we have a good turn-out for an exciting sport.

Sincerely,

R. Leadbetter

**(For Students Under 18 Years of Age)**



**INFORMED CONSENT/PERMISSION FORM  
FOR PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES**

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE  
AND BY A PARENT/ GUARDIAN OF A PARTICIPATING STUDENT.**

**This form is to be used for student participation in school-sanctioned activities only.  
Outside agencies operating programs within Grand Erie schools are responsible for obtaining informed consent**

<b>School Name</b>	Grandview	
<b>Description of Activity Offered</b> (OPHEA Guidelines must be followed)	Wrestling	
<b>Start and End Dates</b> (or attach schedule)	March 22, 2017	April 26, 2017
<b>Start and End Times</b> (or attach schedule)	Wednesdays first Nutrition break (various other nutrition breaks)	Thursdays 3:30-4:30
<b>Targeted Grade/Age</b>	Grades 5-8	

The inherent risks of this activity may result in accidents arising from the nature of the activity and may occur without any fault on either the part of the student or the Grand Erie District School Board or its employees or agents of the facility where the activity is taking place. By participating in this activity or allowing your child to participate in the activity, you are accepting the risk that you or your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate in the activity or allow your child to participate in the aforementioned activity on the date/s mentioned, you must understand that you will bear the responsibility for any injury that might occur.

The Grand Erie District School Board does NOT provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in these activities. Student Accident Insurance is recommended.

**ACKNOWLEDGEMENT/CONSENT:**

I/we have read the above. I/we understand that by permitting my/our child to participate in the activity described above, I/we are assuming the risks associated with doing so.

_____	_____
<b>Print Name</b>	<b>Signature of Student</b>
_____	_____
<b>Print Name</b>	<b>Signature of Parent</b>
_____	_____
<b>Grade/Home Room Teacher</b>	<b>Date</b>