

# 2024-2025 SCVAA Wrestling Registration



## **Beginners Boys**

**Grades** – Pre-K to 2<sup>nd</sup>. Grade

**Fee** – \$85

**Dates** -Nov. 5, 12, 19, 26. and Dec. 3, 10, 17 and 19.  
(Last day will be organized competition)

**Times** - 5:30 pm-6:15 pm

**Where**- Stillwater Area High School Wrestling Room

**Level Description:** Is for Pre-K through 2nd grade athletes with 0 to 1 year of experience, who have a lot of energy and like to play physical games in a fun, safe environment. Our goal is to provide an introduction to wrestling while creating an environment where kids can exercise their emerging athleticism through gymnastics and playful wrestling games.

## **Beginner Girls**

**Grades** – K through 6<sup>th</sup> Grade

**Fee** –\$85

**Dates**- Nov. 5, 12, 19, 26. and Dec. 3, 10, 17 and 19.  
(Last day will be organized competition)

**Times**-5:30 pm-6:15 pm

**Where**-Stillwater Area High School Aux Gym (Old Wrestling Room)

**Level Description:** Join the fastest growing Girls Sport in America! We are excited to once again offer VAA ALL-GIRLS Wrestling in 2024-25. The Minnesota State High School League (MSHSL) added Girls Wrestling as an official High School Sport three seasons ago...Which Girl will be the next MSHSL STATE WRESTLING CHAMPION? The Beginner Level is for Pre-K through 6th grade GIRLS with 0 to 1 year of wrestling experience. Our goal is to provide an introduction to wrestling while creating an environment where girls can build confidence in their athleticism and physicality through tumbling, conditioning, strength, wrestling basics & games

**Register online at: [www.scvaa.org](http://www.scvaa.org)**

**Questions please contact:**

SCVAA Wrestling Commissioner  
Jim Peltier  
[wrestling@scvaa.org](mailto:wrestling@scvaa.org)

Make checks payable to: SCVAA Wrestling

Mail to:  
SCVAA Wrestling  
PO Box 44  
Stillwater, MN. 55082

I hereby understand that the SCVAA is responsible only for the formation and scheduling of the activities and that the safety and well being of my child remains my responsibility. In consideration of being allowed to participate in any way in the St. Croix Valley Athletic Associations athletics/sports programs whether involving team or individual sports and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;

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2. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that I/they could become infected through contact with or close proximity to an individual with a communicable disease.

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ST. CROIX VALLEY ATHLETIC ASSOCIATION, its officers, officials, agents and/or employees, other participants, sponsoring agencies, directors, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PARENT'S/GUARDIAN'S SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME WHERE IT APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements. Parent or legal guardian of each youth player must sign below. FOR PARENT/GUARDIAN OF PARTICIPANT OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

## 2024-2025 SCVAA Wrestling Program Registration Form • Please complete one form per child PLEASE PRINT!

Player Name \_\_\_\_\_ Address \_\_\_\_\_

E-mail \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Parent/Guardian Signature

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