

Dover Bandits



Wrestling Club

“Do you want to be regular or do you want to be great?”

We ask our wrestlers this question all the time. It not only applies situations in a match, but also practices, training and life. This club was formed to grow the sport of wrestling, give kids the opportunity to get better, and teach lessons that stick with them for the rest of their lives.

Wrestling isn't about medals or winning but about competing, learning, and overcoming adversity. People often say, "Once you've wrestled everything else in life is easy." The bonds and lessons they learn in wrestling are something special. My team believes the same thing. If you would like your child to learn how to wrestle or improve their technique, this is the place to be. If they've never wrestled before, no worries at all.

"It's not about where you start, it's about where you finish."

- Coach Fisher & Coach Williams

Contact Info

Anthony Fisher
302-554-3255

Taqee Williams
302-265-5364

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Code of conduct

- Respect the coaches, the wrestlers, and the gym.
- This is our home and we are a family.
- No foul language or cussing.
- We win the same way we lose, with sportsmanship and dignity.
- Be confident enough to know you're the best, but humble enough to know you could get pinned at any time.
- We give 100% when we lace up our shoes and step on the mat, we expect this from all our wrestlers.

Club Enrollment Information

- Practices will be on Tuesdays and Thursdays in the DoverHighSchool wrestling room from 6:00-8:00PM.

School Address:

1 Dover High Dr

Dover, DE 19904

- Parents will be notified when practice is cancelled or at a different location via text.
- Spring/Summer session of the club season will run from March 4th, 2024 until July 31st, 2024.
- Cost for one child: \$50 *non-refundable*
- Cost per two siblings: \$75 *non-refundable*
- Payment plan is an option
- Athletes must pay their own entry fee for tournaments & cost of travel stays
- Parent/guardian must transport their athlete to and from practices AND tournaments unless the team is traveling together. (We will send out that information when necessary).

- **Age limit is 6 to 18**
- **Athlete's are subject to practice suspension based on behavior in practice and breach of code of conduct: First time is a warning, second time is having a conversation with parent/guardian, third time will be a suspension from 2 practices and if unwanted behavior continues then the athlete is subject to be removed from the club.**
- **Practice requirements: workout clothes, water bottle, and wrestling shoes. Head gear is recommended but not required.**
- **Parent/guardian can purchase team gear from team store online for their child**
- **Dover bandits wrestling club is non-profit organization.**
- **Each athlete should purchase a USA Wrestling card**
- **Link for USAW card**

<https://www.usawmembership.com/register>

New Enrollment Sheet

Name of Child:

First _____

Last _____

Date of birth:

Month ____ Day ____ Year _____

Age: _____

Current school: _____

Grade: _____

Current weight: _____

Years of experience: _____

Novice: _____

or

Advanced: _____

Parent/Guardian name:

First _____

Last _____

Parent/Guardian email:

_____. Com

Parent/Guardian phone number:

_____-_____-_____

Emergency contact:

Name: _____

Phone: _____-_____-_____

Address:

Street _____

City _____

State _____

Zip _____

Is your child covered by medical/health insurance?

Y _____ or N _____

Does your child have any special needs, conditions and/or is your child taking any medication?

Y _____ or N _____

Special needs details:

Current USA Wrestling Membership?

Y _____ or N _____

USA Wrestling Membership Number:

Informed Consent: We accept and understand that the sport of wrestling involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We understand that the inherent risks of this sport cannot be eliminated. We understand the risks and still desire to participate in the activity. Further, we certify that there are no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity. I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named participant. I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

In consideration of your acceptance of my entry, I hereby release The Delaware Wrestling Alliance, Inc., the Capital School District, Dover Bandits wrestling club and all sponsoring bodies, their coaches and volunteers from any and all liabilities, claims or rights to damages for injuries suffered by my child directly or indirectly in training, practices, traveling to or from, and participating in the Dover Bandits wrestling club.

- I am this child's parent or legal guardian, and the information on this form is accurate.

Parent/Guardian name:

Print _____

Signature _____

Date:

Month _____ Day _____ Year _____