



## Camp Grappling at Eureka Valley Recreation Center

100 CollingWood St. San Francisco CA 94114 Saturdays 12:30pm upstairs All Purpose MAT Room

### Basic Policies:

1. Wrestlers will be supplied with proper gear: a rash guard T-Shirt, Wrestling Shoes, a Lycra Singlet, and a gear bag at no charge.
2. It is expected that wrestlers will wear this issued gear each week as it is designed to build team spirit, limit injuries, control germs, as well as save the MAT. ***Please do not expect to participate if you are not properly dressed.*** Please arrive at 12:15pm to change into proper gear and be ready to start at 12:30pm.
3. Wrestling Shoes should ONLY be worn at practice on the MAT, -NEVER- at home or ABSOLUTELY NEVER on the street! Infections are primarily spread by contaminated dirty Wrestling Shoes soles.
4. We expect that the gear will be *replaced and returned* in good condition as the wrestler outgrows it or leaves the program. The coaches will periodically change out gear as the Wrestler outgrows it.
5. Wrestlers should shower immediately after a practice and have their gear washed. Coaches recommend an over the counter soap scrub like 'Hibiclens' or any bacterial soap for this very important shower.
6. Parents should look for irregular skin breakouts on their Wrestlers and inform the coaches immediately. Also, it is important that finger nails be kept *very short and clean*.
7. Wrestlers should eat lightly no less than 2 hours before practice. Having a full stomach at practice is not a good idea. Also, avoiding sugar is highly recommended.
8. Wrestlers should dress properly coming to practice to stay warm, especially after practice when they will be sweaty and will cool rapidly. White socks, briefs, navy cap, and a long sleeve sweatshirt are recommended.
9. If you are NOT going to make practice, please call or send an email alerting the coaches (see below). We have a waiting list of wrestlers, and we can let others 'Drop In' and use that open spot on a weekly basis. Our limit is currently 15 wrestlers per session.
10. The coaches will need some very basic questions answered so we can be totally safe and aware. Please either fill out the attached form or send an email to [Wrestler@dermodynamics.com](mailto:Wrestler@dermodynamics.com) or leave a Voice Mail or SMS Text at +1.415.373.8015 with your email address, and you will receive back an individual confidential Wrestler questionnaire form below via email.
11. Please always keep your Camp Grappling registration with Eureka Valley Rec Center current. If you know of kids who cannot afford it, please quietly approach the coaches with the information, and as long as the parent signs off on it, and we will pay the registration fee. Camp Grappling is operated and funded by Golden Gate Wrestling (GGWC), a 30 year San Francisco California 501c3 non-profit.
12. To join the Camp Grappling email ListServ and be kept informed, please send an email to: [CampGrappling-Subscribe@YahooGroups.com](mailto:CampGrappling-Subscribe@YahooGroups.com) . You will then receive an email invite and be subsequently added after you join. You do not need a Yahoo email address to be added to the ListServ.
13. Once added to the ListServ, you can contact the coaches and the group by sending an email to: [CampGrappling@YahooGroups.com](mailto:CampGrappling@YahooGroups.com) .
14. '[Camp Grappling Team](#)' has a private/closed Group FaceBook page for parents to share comments, photos, and videos. Only parents & guardians of registered Wrestlers will have access.

Thank You from GGWC Coaches Gene and Calvin for Camp Grappling at Eureka Valley Recreation Center



## Camp Grappling at Eureka Valley Recreation Center

Confidential Individual Wrestler Emergency Form (PLEASE PRINT or CIRCLE and Return to the Coaches)

Wrestler's Name: \_\_\_\_\_

Age: 5 6 7 8 9 10 11 12 13

School Grade: 2 3 4 5 6 7 8

School: \_\_\_\_\_ City: \_\_\_\_\_

Youth Shoe Size: 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5

Youth T-Shirt Size: XS S M L Weight (#lbs): \_\_\_\_\_

Health Issues: asthma epilepsy allergies other:

\_\_\_\_\_

### Guardian Emergency Contact Information

Name: \_\_\_\_\_

Tel#s: \_\_\_\_\_ / \_\_\_\_\_

eMail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO THE COACHES ASAP**