

– KEEP THIS PAGE FOR REFERENCE –

Covington Youth Wrestling

buccswrestling.com

2025-26



- Wrestling:** Develops Athleticism (strength / quickness / coordination / agility), Sportsmanship, Discipline, Skills and Self Confidence.
Learn Techniques, Play Games and Have Fun!
- Practices:** Begin Week of Nov. 4.
• Grades 1-2: Mon 6:30-8 pm & Thu 6:15-7:15 pm
• Grades 3-6: Tue 6:30-8 pm & Thu 7:30-8:30 pm
at the wrestling building (behind the high school)
- Competitions:** Sunday afternoons at various local schools
- Cost:**
• \$50 for t-shirt, practices only (*recommended for 1st year, some others*)
-or-
• \$90 for t-shirt, practices and Sunday competitions
• \$10 off for each additional sibling
- Sign-ups:** **Wed Oct. 8 -or- Tue Oct. 14 -or- Mon Oct. 20 -or- Tue Oct. 21 6:30 – 7:30 pm**, at the wrestling bldg. behind the High School
(Bring or text a copy of your birth certificate if new to our team)
- Eligibility:** Grades 1-6 and attends Covington or a school without youth wrestling
- Unsure?** Try it 2 weeks before paying
- Questions / can't make sign-ups?** Contact Eric Vanderhorst at 937-694-9565

Youth Coaches:

Please call us with any questions!

Eric Vanderhorst (694-9565): 1992 Covington Grad., State Qualifier, 17th year coaching youth wrestling, 28th year coaching HS, JH

Brandon Owens (570-9655): 2000 Covington Grad., State Qualifier, 4th year coaching youth wrestling

Jake Sowers (570-2466): 2013 Covington Grad., State Qualifier, 2nd year coaching youth wrestling

Randy Sowers (570-0792): 1989 Covington Grad., State Qualifier, 15th year coaching youth wrestling

Bryant Miller (618-0652): 2010 Greenville Grad., State Qualifier, 2nd year coaching youth wrestling

– Plus additional volunteer coaches –

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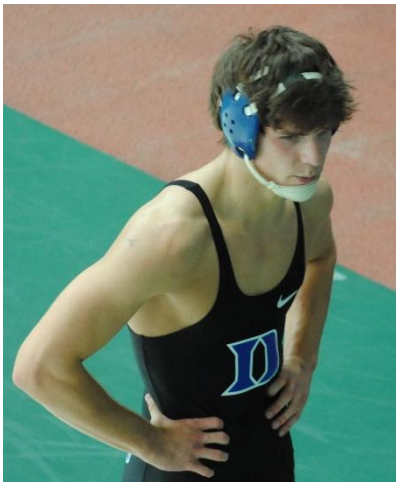
– Fun Facts –

The Covington wrestling program, started in 1973, has produced 295 HS district qualifiers, 91 HS state qualifiers, 36 HS state placers, 3 state champions, 60 JH state qualifiers, 15 JH state placers, and multiple collegiate wrestlers.

Since 1980, Covington HS has battled to 39 winning seasons versus just 6 losing campaigns and earned multiple District and Regional Championships.

In 2025, Covington high school had 2 state qualifiers, 5 district qualifiers, and finished with an overall dual and tournament record of 192-59. The Buccs also had 2 jr. high state qualifiers and 2 youth state qualifiers.

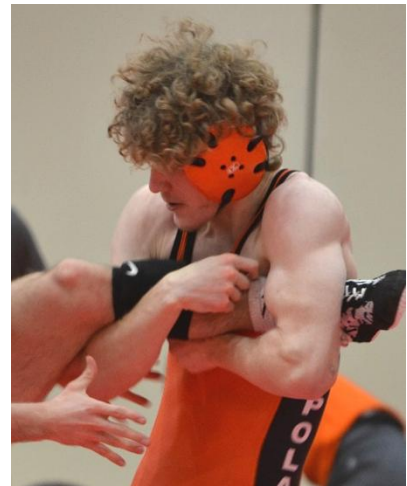
– Some Former Covington Youth Wrestlers –



***Andrew DeHart, 4x State Placer,
Duke University Wrestler***



***Brian Olson Jr, State Placer,
National Qualifier, Mt. Union***



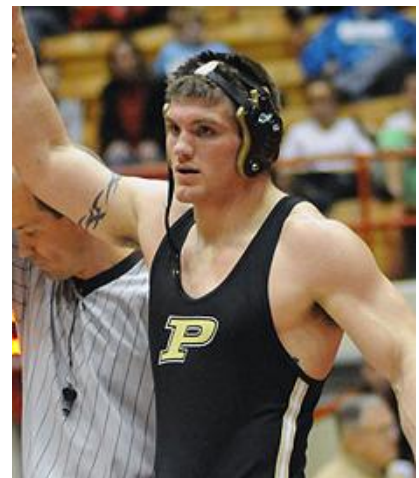
***Cael Vanderhorst, 3x State Placer,
National Qualifier, Ohio Northern***



***Keringten Martin, State Placer,
Defiance College Wrestler***



***AJ Ouellette, 2x State Placer,
4x Ohio University Tailback***



***Logan Brown, State Champ,
4x National Qualifier, Purdue***

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– Registration Form –

Name: _____

Please select one:

- ☐ 2-week Trial
- ☐ \$50, Practices Only
- ☐ \$90, Competing
(\$10 off for each additional sibling)

CIRCLE ONE BELOW:

Shirt Size: YS YM YL AS AM AL AXL AXXL

YS = Youth Small

AS = Adult Small

School Attending: _____

Grade: _____

Parent / Guardian (1): _____

Mobile No. for Remind App Messages (1): _____

Parent / Guardian (2): _____

Mobile No. for Remind App Messages (2): _____

Parent / Guardian (3): _____

Mobile No. for Remind App Messages (3): _____

- Turn this form in with:
 - Emergency Medical Form – USA Wrestling
 - Release and Waiver of Liability form
 - Sudden Cardiac Arrest form(forms also available during sign-ups)
- Make checks payable to “Covington Youth Wrestling”
- You can attend sign-ups or mail (4) forms and check to:
 - Eric Vanderhorst, 7805 Falknor Rd., Covington, OH 45318

Emergency Medical Form -USA Wrestling

Parental Instructions Concerning Medical Treatment:

Wrestler's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Name of Primary Insurance Company: _____

Policy Number: _____

Please indicate another person to contact in the event of an accident and we are unable to reach you.

➤ Name: _____ Phone: _____ Cell: _____

Is your son presently on medication? _____ If yes, please list medication(s): _____

Drug Sensitivities: _____

Other Allergies: _____

Special Medical Conditions: List here any physical impairments, hospitalization, injury, blackouts during competition, athletic participation restrictions, surgery or serious medical illness this athlete has had:

Parent or Guardian of minor must read and complete the following:

- Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.
- Please read the alternative statements below and sign under the one that you choose. DO NOT SIGN MORE THAN ONE!

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

2. If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

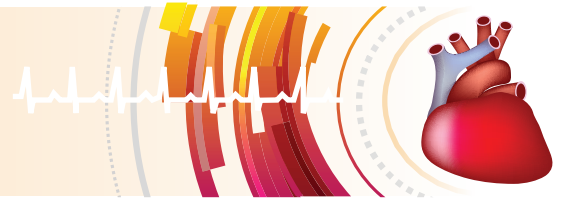
PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____



Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date