



Saskatchewan Amateur Wrestling Association
510 Cynthia Street, Saskatoon, Saskatchewan S7L 7K7
Phone: (306) 975-0822 Fax: (306) 242-8007
Email: sk.wrestling@shaw.ca

ATHLETE ASSISTANCE CONTRACT

I, _____, of _____, Saskatchewan, Canada, agree to all terms of this contract. I will be committed year round to a training program designed to advance me as an individual and as a wrestler. I agree to submit written justification and/or explanation to the SAWA office if, I temporarily or permanently terminate my year round training program. I understand as a carded athlete I will be expected to participate in Provincial and National Championship and all other competitions, deemed necessary by my coach that will advance me as a wrestler. I agree to follow SAWA's rules and regulations of 'The Athlete Assistance Program' outlined in SAWA's Policies and Procedure Manual. I agree to follow SAWA's Provincial Team Code of Behavior when I represent Saskatchewan at competitions. I will agree to follow the Provincial Team Contract.

Carded Athlete's Signature

Coach's Signature

Executive Director's Signature

