

2018-2019 "HAWC GOLD" APPLICATION

PARTICIPANT'S INFORMATION:

Name: _____ Birth date: _____ Age: _____ Weight: _____ Grade: _____

Parent(s) Names: _____ Home #: _____

Wrestler's Cell #: _____ Dad's Cell #: _____ Mom's Cell #: _____

Address: _____ City: _____ Zip: _____

Shirt Size: _____ Email Address: _____

Please check your email for club updates, camps/clinics, practice changes, etc!

WRESTLING EXPERIENCE:

of Years Wrestling Experience (prefer 1-year wrestling experience): _____

What are your son's/daughter's goals for wrestling? _____

TRAINING SITES:

(please circle site(s) applying for)

<u>Mondays:</u>	Johnston Middle School	7:00-8:30pm	
<u>Wednesdays:</u>	Martensdale St Marys High School	7:00-8:30pm	
<u>Sundays:</u>	Martensdale St Marys High School	3:30-5:30pm	<i>*Youth/MS HAWC GOLD*</i>
	Martensdale St Marys High School	6:00-8:00pm	<i>*HS HAWC GOLD*</i>

Please Note: You have to be accepted into HAWC GOLD!

Please Circle Which Package You Are Doing:

HAWC GOLD (Youth) HAWC GOLD (MS) HAWC GOLD (HS) Monthly

**Please Note: Training packages are the only way to get discounts on High Altitude Wrestling Camps/Clinics!*

Website Consent

Permission to post your son(s) picture, results, and wrestler profile on our website, High Altitude Wrestling's Social Media (Facebook, Twitter, Instagram, etc) and club advertisements? **YES or NO**

Signature: _____ Date: _____

*All High Altitude Wrestlers must pay a once per year \$10 fee for insurance (no exceptions!). High Altitude is still AAU and USA sanctioned. You will need the cards for competitions we attend. **Paid for insurance: YES or NO**

DISCLAIMER OF LIABILITY WAIVER:

The High Altitude Wrestling Club, its owner, director, instructors and staff, do not assume liability for any injuries incurred while en route to or from or participating in any practice or competition. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the participant, and if under the age of 18 the parent or guardian:

THE PARTICIPANT, IN ATTENDING THE HIGH ALTITUDE WRESTLING CLUB, IN USING THE FACILITIES AND IN PARTICIPATING IN PRACTICES AND COMPETITIONS, DOES SO AT HIS /HER OWN RISK. CHAD TUNINK, THE HIGH ALTITUDE WRESTLING CLUB, FACILITY OWNERS AND OPERATORS AND ALL OFFICERS, EMPLOYEES, INSTRUCTORS OR AGENTS OF HIGH ALTITUDE WRESTLING CLUB AND ANY FACILITY USED BY HIGH ALTITUDE WRESTLING CLUB SHALL NOT BE LIABLE FOR ANY INJURY OR DAMAGES SUSTAINED BY THE PARTICIPANT BEFORE, DURING OR AFTER ANY PRACTICE, COMPETITION OR OTHERWISE AT OR AROUND THE FACILITIES. THE STUDENT AND HIS/HER PARENTS/GUARDIANS ASSUME FULL RESPONSIBILITY FOR ANY SUCH DAMAGES OR INJURIES AND SO HEREBY FULLY AND FOREVER RELEASE, HOLD HARMLESS AND DISCHARGE CHAD TUNINK, THE HIGH ALTITUDE WRESTLING CLUB, FACILITY OWNERS AND OPERATORS AND ALL OFFICERS, EMPLOYEES, INSTRUCTORS OR AGENTS OF HIGH ALTITUDE WRESTLING CLUB AND ANY FACILITY USED BY HIGH ALTITUDE WRESTLING CLUB FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF ANY OF THE FOREGOING. THE PARENTS OR GUARDIAN FURTHER AGREE TO INDEMNIFY THE RELEASED PARTIES AGAINST ANY LEGAL ACTION BY OR ON BEHALF OF THE PARTICIPANT, INCLUDING ATTORNEY FEES TO DEFEND SUCH ACTIONS.

Full Name (please print) _____

Signature _____

If under 18:

Signature of Parent or Guardian _____

Date _____

INCASE OF EMERGENCY CONTACT:

Name: _____

Relationship to Athlete: _____

Phone #: (Day): _____ Night: _____ Cell #: _____

Name: _____

Relationship to Athlete: _____

Phone #: (Day): _____ Night: _____ Cell #: _____

INSURANCE INFORMATION:

Company: _____ Group #: _____ Policy #: _____

MEDICAL CONDITIONS:

Please list below any medical concerns regarding your child/children that the High Altitude Wrestling Club staff should be aware of:

**The parent or guardian is responsible for sending the wrestler to High Altitude Wrestling Club events with their required medications, inhalers, etc. If unprepared, your child/children will not be allowed to participate in any High Altitude Wrestling Club events.*

2018-2019 High Altitude Wrestling Club Training Package Payment Options:

Training Package (please circle):

HAWC GOLD (Youth) HAWC GOLD (MS) HAWC GOLD (HS) Monthly

Please Choose 1 of the 3 Payment Options Below:

Option 1: Pay in Full

Amount Paid: _____ Date Paid: _____

Option 2: Training Package Agreement:

Participant's membership will begin on _____ and end _____. The total membership fee for that period is \$ _____. The fee shall be paid in three equal installments of \$ _____. The first payment is due at the beginning of the membership period. The second and third payments are due on _____ and _____. If a payment is made more than 10 calendar days after the due date, a late charge of \$25 shall be added. There shall also be a \$30 charge for any payment returned due to insufficient funds. If any payment is 30 days past due, the participant's membership will be immediately terminated without notice. Each participant and parent/guardian is jointly responsible for payment of the membership fee and charges. The membership fee does not cover the costs of additional items such as uniforms, entry fees for tournaments and travel expenses.

Option 3: Monthly Payment Agreement:

The monthly membership fee is due on the first practice of each month. If the monthly membership fee is not paid by the 10th day of the month, a late charge of \$25 shall be added. There shall also be \$30 charge for any payment returned due to insufficient funds. If any of the fees, charges or payments have not been made by the end of the month, the participant's membership will be immediately terminated without notice. Each participant and parent/guardian is jointly responsible for payment of the membership fee and charges. The membership fee does not cover the costs of additional items such as uniforms, entry fees for tournaments and travel expenses. Monthly membership fees may be increased upon ten days advance notice.

I, _____ AGREE TO THE TERMS OUTLINED ABOVE. I AGREE TO MAKE ALL PAYMENTS ON A TIMELY BASIS, AND I AGREE THAT IN THE EVENT THAT I MISS A PAYMENT DUE DATE THAT I WILL BE ASSESSED A LATE PAYMENT CHARGE. IN THE EVENT THAT A PAYMENT IS RETURNED BY MY BANK, I AGREE TO PAY ALL COSTS ASSOCIATED IN COLLECTING THE PAYMENT AS WELL AS A \$30.00 RETURNED CHECK FEE. AFTER THE REFUND PERIOD HAS PASSED, **I UNDERSTAND THAT I AM LIABLE FOR PAYMENT IN FULL FOR THE ENTIRE SEASON THAT I AM SIGNING UP FOR, REGARDLESS OF MY CHILDS ATTENDANCE AND PARTICIAPATION.** I UNDERSTAND THAT IF I FAIL TO MEET THIS FINANCIAL OBLIGATION, I WILL ALSO BE LIABLE FOR ALL COURT COSTS AND FEES FOR SERVICES REQUIRED TO COLLECT THE BALANCE, AS WELL AS THE BALANCE DUE.

SIGNATURE OF PARENT/GUARDIAN

DATE