

2019 HIGH ALTITUDE “FREESTYLE” WRESTLING CLUB APPLICATION

PARTICIPANT’S INFORMATION:

Name: _____ Birth date: _____ Age: _____ Weight: _____ Grade: _____
 Parent(s) Names: _____ Home #: _____ Cell #: _____
 Address: _____ City: _____ Zip: _____
 Email Address: _____

Please check emails for club info and updates. You will need to add chad@highaltitudewrestling.com as a contact

WRESTLING EXPERIENCE:

of Years Wrestling Experience: _____ Record Last Year: _____
 What are your goals for this wrestling season and How can I help your son(s): _____

TRAINING SITES: (please circle site(s) applying for)

March:

<u>Monday:</u>	Johnston Middle School	6:30-8:00 pm	(Freestyle) **3 rd – 12 th grade**
<u>Wednesday:</u>	Martensdale St. Marys High School	6:30-8:00 pm	(Folkstyle and Freestyle)
<u>Sunday:</u>	Martensdale St. Marys High School	4:00-5:30 pm	HAWC GOLD (Youth/MS)
<u>Sunday:</u>	Martensdale St. Marys High School	6:30-8:00pm	(Freestyle) **3 rd -12 th grade**

April-May:

<u>Monday:</u>	Johnston Middle School	6:30-8:30 pm	(Freestyle) **3 rd – 12 th grade**
<u>Wednesday:</u>	Martensdale St. Marys High School	6:30-8:00 pm	(Leg Riding)
<u>Wednesday:</u>	Martensdale St. Marys High School	8:00-9:00 pm	(Freestyle) **3 rd – 12 th grade**
<u>Sunday:</u>	Martensdale St Marys High School	3:30-5:00 pm	(Freestyle) **3 rd – 12 th grade**

Please Note:

Freestyle practices are for the grades listed. If you are below those grades and want to attend please contact me!

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: _____

PLEASE NOTE:

*All High Altitude “Freestyle” Wrestling Club members must have a USA Wrestling Card! These can be purchased at www.themat.com. You will be able to search for our club name once you register. You will need these cards for tournaments!

USA Card #: _____

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.*