

# 2024-2025 HIGH ALTITUDE WRESTLING CLUB “In-Season” 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 experience): \_\_\_\_\_

What are your son’s/daughter’s goals for wrestling? \_\_\_\_\_

## “IN SEASON” TRAINING SITES: (Nov – Feb):

*(please circle site(s) applying for)*

Mondays: HAWC Facility 6:30-8:00pm -- Focus on Feet (takedowns and front headlocks)

Tuesdays: Southeast Valley High School 6:30-8:00pm

Wednesdays: HAWC Facility 5:15-6:15pm (HAWC BLACK – Beginners) 6:30-8:00pm -- Focus on Top/Bottom

Thursdays: HAWC Facility 6:30-8:00pm **\*Youth GOLD\***

Sundays: Carroll HS - 12-1:30pm I35 HS - 4:00-5:30pm HAWC Facility - 6:45-8:15pm **\*MS/HS GOLD\***

**Youth GOLD** is 2 x a week & **MS/HS GOLD** is 1 x a week (you can add more days) **\*You must be accepted into GOLD!\***

## 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**

**COVID 19 Waiver and Release Form:**

Assumption of Risk, Release and Waiver of Claims,

I, the registered wrestler, am a wrestler and participant at High Altitude Wrestling Club operating Club/Clinics/Camps (“HAWC”). I understand that the nation is in the midst of the COVID-19 pandemic, which presents certain unusual health risks that are highly publicized, including fatal illness. I voluntarily chose to participate in a wrestling academy/clinic/camp sponsored and organized by HAWC. In consideration for my participation therein, I, on behalf of myself, my personal representatives, heirs, and assigns, hereby:

1. Acknowledge, understand, and agree that there are certain inherent risks and dangers associated with my participation in wrestling and High Altitude Wrestling Club/Camp/Clinics, including but not limited to the risk of contracting COVID-19, I knowingly and voluntarily accept and assume full responsibility for each of these risks and dangers, as well as all other risks and dangers that could arise out of or occur during my participation in or association with HAWC.
2. Acknowledge, understand, and agree that at all times that I am participating at HAWC I will use my best efforts to comply with any and all instructions provided by HAWC with respect to maintaining my health and safety, including following CDC Guidelines (e.g., washing hands often, use of hand sanitizer, proper social distancing where possible, wearing appropriate personal protective equipment, covering mouth when coughing or sneezing, and staying home if not feeling well). Additionally, I agree to self-quarantine for 14 days upon arrival back home following my HAWC camp.
3. Acknowledge that, in the event a wrestler, including the undersigned wrestler, must leave due to illness, including COVID-19, that the remaining wrestlers, including the undersigned wrestler may continue to participate at HAWC at their own risk. Further acknowledge that HAWC cannot, and will not, cease its business activities including High Altitude Wrestling Club/Camps/Clinics, each time a wrestler appears to be ill.
4. Acknowledge that HAWC is not a healthcare provider and diagnose or treat illnesses. Consequently, HAWC will not diagnose or treat illnesses at their Club/Camps/Clinics.
5. RELEASE, WAIVE, AND FOREVER DISCHARGE HAWC (and its respective owners, members, agents, employees, servants, officers, directors, successors, assigns and affiliates) (“Releasees”) from any and all claims, demands, actions, or causes of action I, or anyone on my behalf, may hereafter have against Releasees for loss or damage of any kind (including personal injury, illness, disability, and/or death) which occurs because I contracted COVID-19 while participating with or around, or any of the events and activities associated therewith, whether caused by Releasees’ own negligence or otherwise.

I expressly agree that this Assumption of Risk, Release and Waiver of Claims is intended to be as broad and inclusive as is permitted by the law of the State of Iowa or any other state’s laws under which this Agreement may be construed and that if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF CLAIMS. (Parent and Athlete Agreement)

Full Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

If under 18:  
Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**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.*