2025-2026 "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: _____

HAWC GOLD Gear: Short Size: _____ Shirt Size: _____ Singlet 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 Sites & Which GOLD You Are Doing: HAWC GOLD (Youth) HAWC GOLD (MS) HAWC GOLD (HS)

SEPTEMBER - FEBRUARY

Mondays: HAWC Facility 6:30-8:00pm

Tuesdays: SCC Athletic Complex (Rockwell City) 6:30-8:00pm

Wednesdays: HAWC Facility 6:30-8:00pm

Thursdays: HAWC Facility 6:30-8:00pm ***Youth HAWC GOLD* *Thursdays start in November****

Sundays: Sioux Central: 12-1:30pm Carroll: 3:15-4:45pm HAWC Facility: 7:00-8:30pm ****MS/HS HAWC 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**

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.*

2025-2026 High Altitude Wrestling Club "HAWC GOLD" Payment Options:

Please circle:

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

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 the monthly membership fee is not paid by this time, a late charge of $10 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 second practice of the month, the participant will not be allowed to practice until full payment is paid. 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 this time, a late charge of $10 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 second practice of the month, the participant will not be allowed to practice until full payment is paid. 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 TIMELYBASIS, 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 FORALL COURT COSTS AND FEES FOR SERVICES REQUIRED TO COLLECT THE BALANCE, AS WELL AS THE BALANCE DUE.

_____

SIGNATURE OF PARENT/GUARDIAN DATE

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 _____