2026-2027 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 is your son's/daughter's goals for wrestling? _____

_____

"IN SEASON" TRAINING SITES: (Nov – Feb):

(please circle site(s) applying for)

Tuesdays:	Des Moines Location	6:30-8:00pm	Rockwell City (SCC Athletic Complex)	6:30-8:00pm
Wednesdays:	Sioux Central High School	7:00-8:30pm		
Thursdays:	Des Moines Location	6:30-8:00pm		
Fridays:	Des Moines Location	6:30-8:30pm		
Sundays:	Mount Ayr High School:	3:00-4:30pm		

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.*