

2010-2011 HIGH ALTITUDE 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: _____

List All Accomplishments: _____

COMPETITION (Tournaments):

Please Circle Which Tournaments You Will Be Attending: Fall Brawl (MS/HS) USA Preseason Nationals (MS/HS)

Tulsa Kickoff Rumble By The River Tulsa Nationals Grade School State USA State SPW State AAU State USA Nationals

TRAINING SITES:

Circle Sites You Are Applying For: **Mon:** Clear Lake **Tues:** Dallas Center
Glenwood **Wed:** Martensdale **Thurs:** Indianola **Sunday:** Movable Carroll Kuemper Martensdale

Please Circle Which Package You Are Doing:
3 Day Gold 3 Day Silver 2 Day Gold 2 Day Silver 1 Day Gold 1 Day Silver Monthly

**Please Note: All High Altitude monthly members receive 20% off camps.*

Website Consent

Permission to post your son(s) picture, results, and wrestler profile on our website and club advertisements? **YES or NO**

Signature: _____ Date: _____

*All High Altitude Wrestlers must pay a one time 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. THE HIGH ALTITUDE WRESTLING CLUB, ITS DIRECTOR, AND ITS STAFF 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 THE HIGH ALTITUDE WRESTLING CLUB, ITS OWNER, DIRECTOR, INSTRUCTORS, ITS STAFF AND THE FACILITIES OWNERS, AGENTS AND EMPLOYEES 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 _____

IN CASE 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.*