

T3 WRESTLING ACADEMY APPLICATION

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____

EMAIL _____

PARENT CELL PHONE _____

IF AN EMERGENCY CONTACT _____

At # _____

AGE OF WRESTLER _____

GRADE IN 2011/2012 _____

APPROX. WEIGHT(now) _____

SCHOOL _____

YEARS OF EXPERIENCE _____

APPLICATION MUST BE FILLED OUT FOR EACH PERSON ATTENDING THE ACADEMY (photocopies are acceptable)

LIABILITY RELEASE

I, the undersigned, individually as a participant or a parent/guardian of _____ (participant) a minor ask that I or he/she be admitted to participate in the T3 wrestling Academy. I do hereby release, discharge and hold harmless anyone associated with the Grove City School District, facilities, administration, clinicians, staff or anyone associated with the T3 Academy and of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said participant arising out of the participant's attendance in the wrestling Academy or in the course of competition and/or activities held in conjunction with the wrestling Academy. I also give permission for me or my child's photograph to appear in future promotional material.

Parent/Guardian Signature Date

Student Signature (if 18+ years of age) Date

Academy staff refers medical emergencies and illness to the local Hospital. The Academy shall not be responsible for any expenses due to loss or damage to personal property. The Academy strongly urges wrestlers not to bring any valuables to the facility.

The following is needed for participation:
USAW/PAWF Card

Organization _____

Membership Number _____