



# Fort Worth Wrestling Academy!

## Freestyle, Greco and Folk Style Wrestling

**Location:** Paschal High School \ Charlie Turner Gym

3001 Forest Park Blvd. Fort Worth, Texas 76110

**Dates:** March 19 - May 30th, 2018

**Practices:** Tuesday and Thursday

**Time:** 5pm - 6:30pm

**Who:** Boys & Girls K-12th Elementary, Middle School, High School

**For more information call Coach Jackson 817-905-5551 or Coach Davis 682-438-7593**



**Requirments: USA Wrestling card**

USA Wrestling card can be obtained at:

**[www.usawmembership.com](http://www.usawmembership.com)**

You must have a current membership card  
to participate in tournaments!



# PARTICIPANT & REGISTRATION RELEASE FORM

**(Please print clearly)**

Name of Participant: Last, First, Middle \_\_\_\_\_ Age: M F

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ ZIP \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text ok? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Release of Liability

The undersigned participant and his/her parent/legal guardian agree to hold FORT WORTH WRESTLING ACADEMY, its coaches, trustees, and volunteers harmless from any claims, damages, losses and/or expenses arising out of participation in wrestling activities and to assume all liability for any and all personal injury, body injury, illness or property damage that occurs as a result of participation in such wrestling activities. Signature of this agreement also warrants that participation in wrestling is voluntary and that the participant and undersigned have read and understand the inherent risks involved in Westside Wrestling Academy activities. The participant understands that these risks exist despite the wrestling club's safety precautions and procedures and the participant agrees to obey all rules and policies mandated by the wrestling club coaches and trustees.

## Health Insurance Verification

The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all wrestling activities and that there is and will be adequate health insurance coverage in force for the term of the participant's attendance.

The undersigned further verifies that the health insurance covers any and all accidents, injuries that may result from participation in the Fort Worth Wrestling Academy activities. In addition, the participant and his/her parent/legal guardian agree to give the Fort Worth Wrestling Academy and its representatives permission to provide emergency medical response and/or treatment as needed for any injury that may occur while the participant is involved in wrestling activities and agree to release the Fort Worth Wrestling Academy and its representatives from all liability arising out of such treatment.

## Medical Conditions/Allergies/Physical Limitations or Restrictions

Please list any/all allergies or physical limitations that the coaches or volunteers should be aware of

(If non, please write none) \_\_\_\_\_

**Training:** We recommend a pair of shorts and a t-shirt for practice. A pair of wrestling shoes would be helpful for the proper execution of moves. Head gear is not required, but recommended for the younger kids. Older kids, over Novice, head gear is required.

**Information:** All information is collected for Club use only. Images at practice and tournaments may be used to promote our club. Names and address are not release without prior parent consent.

Parent/Legal Guardian: (Please Print) \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_