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

Requirements: USA Wrestling card
USA Wrestling card can be obtained at:
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: _______________________________T ext ok?  Y es ____ 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 partici-
pation 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 in 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: _______________________________________________________________________