



North Shore Edge Wrestling Club

This program will teach wrestling fundamentals and instill values of hard work, self-discipline, and the importance of goal setting. The season will begin November 4th and end in March. Practices will be held 2-3 times per week for 1.5 hours each. The team will compete in 12 optional tournaments and wrestle against other clubs in head to head dual meets at local high schools. No prior experience in the sport is required to participate. At the conclusion of the season, wrestlers will compete in the 2015 IKWF State tournaments series.

Monday, Tuesday, Thursday, 6:15-7:45 **\$200** includes t-shirt and shorts
Tuesday advance wrestlers only **Circle Sizes-** **Shirt YS,YM,YL,S,M,L,XL**
Tournaments will be on Sundays and will require extra entry fees and a USA Card. **Shorts YS,YM,YL,S,M,L,XL**

No refunds. Space is limited.

Site: New Trier Winnetka Campus- room G010.

Parent Meeting October, 20th at 6:00 p.m. in the Winnetka Campus Wrestling room G010.

Name _____

Address _____ City _____ Zip _____

Phone: Home _____ Cell _____ Emergency Contact _____

e-mail address _____

Course # 153-680 Title: North Shore Edge Wrestling Club Amount \$ 200 **First Practice November 2nd**

Age _____ Birth Date _____ approximate weight _____

MAIL with check or Visa/MasterCard/Discover information to: NTX, 7 Happ Rd., Northfield, IL 60093
OR FAX with Visa/MasterCard/Discover information to: **(847) 446-6614** (registrations are not taken by telephone)

Questions? Registration -Call NTX at 847.446.6600 - About the Club **Marc Tadelman 847 612-9765.**

Card # _____ Exp. Date ____ / ____

WAIVER

I recognize and acknowledge that there are certain risks of physical injury to recipients of instruction and participation in wrestling club practices, open mats and or competitions, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation.

I understand that no health examination will be conducted by the North Shore Edge Wrestling Club or New Trier Extension to determine the wrestler's fitness to participate in the Club.

I further agree to waive and relinquish all claims against the *New Trier High School*, the *North Shore Edge Wrestling Club* and all coaches, assistants, volunteers, officials, agents and employees that I or my minor child/ward may have (or may accrue to me or my minor child/ward as a result of receiving instruction and or participation in the club practices and or competitions)

I do hereby fully release and forever discharge *New Trier High School*, the *North Shore Edge Wrestling Club*, and all coaches, Marc Tadelman, assistants, volunteers, officials, agents and employees from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with or in any way associated my child's receiving instruction and or participation in the club practices and or competitions.

I have read and fully understand the above waiver and release of all claims.

Participant Name (printed) _____

Authorized Signature of Parent or Legal Guardian _____

Date _____