

Form B



TACTIK 3-STYLE WRESTLING CLUB

Dates: Begins Tuesday February 20th, 2018
 Grades: 4th – 12th Grades
 Workout Times: Tuesdays & Thursdays from 6-8pm
 Cost: \$100 Includes Practices & Tournament Coaching - USA WRESTLING CARD REQUIRED
 Location: Riverton HS
 Gear - T-Shirts & Team Gear can be purchased at T3Wrestling.com
 Coaches: Dwayne Henry, Jake Myler, Sam Kem, Michael Larsen, Hank Weiss

2 Nights of Practice a week, Premier Coaching Staff, Tournament Travel Team, Freestyle, Folkstyle & Greco-Roman

Cash & Debit/Credit Card Payable To: Riverton HS Main Office

****REGISTRATION BY MAIL OR AT 1ST WEEK OF PRACTICE****

For more information Contact: T3Wrestling@gmail.com or Call (801) 871-5519

Name of Participant _____ Male _____ Female _____
Last First

Address _____

City _____ State _____ Zip Code _____

Name of Parent/Guardian _____ Phone Number _____

Email _____ D.O.B _____

Age _____ School Grade _____ ICE, Please Notify (Name) _____

(Phone #) _____

INFORMED CONSENT / WAIVER OF LIABILITY AGREEMENT

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my or my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Jordan School District and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my or my child's participation.

TRANSPORTATION: I acknowledge that Jordan School District does not provide or sponsor transportation in connection with the sport(s), competition(s), practice(s), or program(s) as listed above and that the student, or the student's parent or legal guardian, will be responsible to arrange transportation for the student. I further agree to make such arrangements as a condition of the student's participation.

EMERGENCY TREATMENT: In case of an emergency involving my child, I hereby authorize Jordan School District camp/clinic program staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom.

REFUNDS: Jordan School District may withhold 25% of the refunded registration fee, for administrative costs. Refunds must be requested in person, accompanied with a written refund request. No refunds will be given after the first day of the program.

COLLECTIONS: In the event that my account is referred for collection, I agree to pay Jordan School District for all costs incurred, together with reasonable attorney's fees.

EQUAL OPPORTUNITY: Jordan School District provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.

By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.

Signature _____ Date _____
Signature (Parent or Legal Guardian)

OFFICE USE ONLY... TILL ID # AMOUNT PD. DATE