



## TACTIK 3-STYLE WRESTLING CLUB

**Dates:** Begins Monday February 22<sup>nd</sup>, 2016

**Grades:** 4<sup>th</sup> - 12<sup>th</sup> Grades

**Workout Times:** 6-8pm at Jordan HS (Mondays & Wednesdays) & Riverton HS (Tuesdays & Thursdays)

**Cost:** \$100 Includes Practices & Team T-Shirt - USA WRESTLING CARD REQUIRED

**Locations:** Monday at JHS, Tuesday at RHS, Wednesday Open Mat at JHS & Thursday at RHS

**Coaches:** Dwayne Henry, Jake Myler, Sam Kem, Jeff Newby, Greg Holman, Russ Love, Kolton Hardy, Braden Humphreys

*\*4 Nights of Practice a week, Premier Coaching Staff, Tournament Travel Team, Freestyle, Folkstyle & Greco-Roman\**

**Make Checks Payable To: Riverton HS**

**\*REGISTRATION BY MAIL OR AT 1<sup>ST</sup> WEEK OF PRACTICE\***

For more information Contact: [T3Wrestling@gmail.com](mailto: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 me 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, 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.

**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)*

**SHIRT SIZE (CIRCLE ONE)    YS    YM    YL    AS    AM    AL    AXL**

OFFICE USE ONLY...

TILL ID #

AMOUNT PD.

DATE