Thorobred Wrestling Club

6100 W. Gila Springs Pl, Suite 1 Chandler, AZ 85226 www.thorobredwc.com

Thorobred High School Elite Club

 $\label{eq:continuous} \textbf{Preseason -} September\ 26^{th},\ 2016\ -\ October\ 20^{th},\ 2016\ -\ Monday,\ Wednesday,\ Thursday\ 5:30pm\ -\ 7:00pm\ \textbf{Folkstyle -}\ November\ 1^{st},\ 2016\ -\ March\ 14^{th},\ 2017\ -\ Tuesday\ 6:30pm\ -\ 8:00pm,\ Sunday\ 11:30am\ -\ 1:00pm\ \textbf{Freestyle/Greco -}\ March\ 15^{th},\ 2017\ -\ June\ 29^{th},\ 2017\ -\ Monday,\ Wednesday,\ Thursday\ 4:00pm\ -\ 5:30pm\ -\ 5:30pm\$

INSTRUCTIONS FOR REGISTERING - LIMITED TO FIRST 50 WRESTLERS

In order to process your registration, we must have parent/guardian signatures on all forms.

Club Fees: Preseason - \$175, Folkstyle - \$300, Freestyle/Greco - \$400, Full Season Package Paid Up Front - \$775 USA Wrestling Card - \$35 per wrestler (valid August through August) Purchase card @ www.usawmembership.com

Wrestler(s) Information

Team Manager: Lesley Eviston - (916) 612-1722 / Coach: Mike Douglas - (480) 612-3380 / Coach: Jack Cardinal - (602) 350-4488

Wrestler #1 Last Name, First	Grade '16-'17	Birth date	Years of experience	Photo	
Team Weight Division	ı	Current School	USA card #		
		/ /			
Wrestler #2 Last Name, First	Grade '16-'17	Birth date	Years of experience	Photo	
Team Weight Division	1	Current School	USA card #		
Wrestler #3 Last Name, First	Grade '16-'17	// Birth date	Years of experience	Photo	
Team Weight Division	1	Current School	USA card #		
Parent/Guardian Information					
	()(_				
first name last	Home Phone () (Cell. Phone)	Child's Mailing Address		
first name last (Home Phone) ()	Cell. Phone	City State	Zip	
Emergency Contact relationship Ph E-MAIL * REQUIRED. ALL info is sent via email. Please	one Alt. Phon	E-MAIL			
Appropriate gym clothes MUST be worn or kids will not be permitted to practice. Wrestling shoes are required.					
READ THE FOLLOWING CAREFULLY & SIGN BELOW (Parent/Legal Guardian Signature REQUIRED) In consideration of being allowed to participate in any way in the Thorobred Wrestling Club and related events and activities, the undersigned: Agree that before participating, they each will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, and severe social and economic losses which might result, not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or condition, of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Further, assume all liability for the negligence if participant leaves the facility without parent or camp director consent and the result ends in injury, illness or death. Release, waive, discharge and covenant not to sue Thorobred Wrestling Club, their respective administrators, directors, coaches and other employees of the organization, and other participants, all of which are hereinafter released from any and all liability to the undersigned, his or her next of kin, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the release or otherwise.					
Signature of Parent/Legal Guardian:					
Registration includes 2x Thorobred T-Shirts. Please circle wrestler size(s) here. *Parents please communicate with the staff if you have a special size request!					
Ac	ult Small Adult I	Medium Adult Large	Adult XL		

Distributed

Ordered

CLUB USE ONLY

Payment Records & Notes *We also accept Visa, MasterCard, American Express and Discover

Season in Full Date of Payment Method of Payment: Check Cash Credit Card		
Season Payments 3 payments - #1 Due by 9/26/16 -\$300	#2 Due by 1/26/17-\$300	#3 Due by 3/3/17- <mark>\$275</mark>
#1 Date of Payment Method of Payment: Check Cash Credit Card		
#2 Date of Payment Method of Payment: Check Cash Credit Card		
#3 Date of Payment Method of Payment: Check Cash Credit Card		
Add to Contacts	Send Welcome	Add To Roster
*Managers Notes:		
Name:		
Home/Cell:		
Email:		