

Spring Wrestling 2011

High School & Middle School: (6:30pm-8:30pm) Monday, Wednesday, Thursday

Costs: \$350 (\$150 due March 1st, \$100 due April 1st, \$100 due May 1st.)

\$300 if paid upfront at beginning of season.

Elementary (5:30-6:30 one night weekly, to be determined when roster set.)

Elementary costs: \$150 paid in full at beginning of season.

Wrestling Gym: 1088 Classic Drive, Apex, NC - Behind Lufkin Middle School

Wrestler's name: _____

Birthdate: _____ School: _____ Future High School: _____

Address: _____ City: _____ Zip: _____

Weight: _____ Height: _____ Experience: _____ years

Parents: _____

Wrestler lives with: _____

Parents' Daytime phone number(s): _____

Parents' Evening phone number(s): _____

Parents' Email(s): _____

Wrestler's Email(s): _____

Emergency contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Registration soon available online at:

http://www.apexsportsauthority.com/WR_Registration.aspx

~ Spring Wrestling ATHLETIC WAIVER OF LIABILITY ~

Athlete: _____ Date of birth _____

***Parent's or Guardians' Permission & Waiver of Liability
& Authorization for Emergency Care***

I hereby give my consent for the above named student to participate in ASA Wrestling Programs. I also agree to reimburse ASA for equipment issued to my child should it become lost. I understand ASA cannot accept responsibility for personal items lost or stolen.

I understand participation in athletics can be an extremely valuable experience for young people. ASA makes every attempt to employ the finest coaches, supply our athletes with the best equipment and facilities, and provide athletes with out-of-season opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death. This communication is being written so you and your athlete can understand that there are potential dangers involved in participation in athletics. All information given above is accurate.

I authorize the ASA Wrestling Coaches or Commissioner in attendance at any ASA activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event. I hereby release said ASA representatives/coaches from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Family Doctor _____ Phone: _____

Preferred Hospital _____

Allergies, medicines, health concerns:

Family Medical Insurance _____
Group or ID # _____