

GREATER HEIGHTS ADVANCED TRAINING – SPRING/SUMMER/FALL 2018

ATHLETE APPLICATION AND PARENT WAIVER FORM: PLEASE PRINT

ATHLETE'S NAME: _____

CURRENT GRADE: _____ **DATE OF BIRTH:** _____

WRESTLER'S CURRENT AGE: _____ **CURRENT WEIGHT:** _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

SCHOOL ATTENDING IN 2017-18 SCHOOL YEAR : _____

EMAIL ADDRESS(ES): _____

YOUR EMAIL ADDRESSES & THAT OF HIGH SCHOOL WRESTLERS WILL BE ADDED TO OUR CLUB DISTRIBUTION LIST. TRAINING SPECIFIC INFORMATION & NOTICE OF ANY SCHEDULING CHANGES MAY BE SENT VIA EMAIL. PLEASE MAKE SURE ALL EMAIL ADDRESSES ARE WRITTEN DOWN CORRECTLY, ARE LEGIBLE AND THAT YOUR EMAIL ACCOUNTS ARE CHECKED REGULARLY.

PARENT/GUARDIAN NAME(S) AND PHONE NUMBERS:

HIGH SCHOOL WRESTLER'S PHONE NUMBER: _____

I MAY ON OCCASION SEND OUT MASS TEXTS TO INFORM PARENTS & WRESTLERS OF ANY SCHEDULE CHANGES OR ADDITIONAL TRAINING OPPORTUNITIES OFFERED.

CURRENT USA COMPETITOR'S CARD # _____

I NEED TO PURCHASE A CURRENT USA COMPETITOR'S CARD FOR MY ATHLETE AND HAVE INCLUDED THE \$41 CARD FEE. _____ **(CHECK IF APPLICABLE)**

WRESTLING EXPERIENCE AND ACHIEVEMENTS:

DOES YOUR CHILD TAKE MEDICATION REGULARLY? _____

IF YES, SPECIFY: _____

DRUG SENSITIVITIES: YES _____ **NO** _____

IF YES, SPECIFY: _____

ALLERGIES: _____

T-SHIRT SIZE (PLEASE CIRCLE THE ACTUAL SIZE):

YS, YM, YL, AS, AM, AL, AXL, 2XL

WAIVER OF ANY AND ALL CLAIMS:

THE FOLLOWING ATHLETE, _____, HAS MY PERMISSION TO TRAIN AS PART OF THE 2018 GREATER HEIGHTS WRESTLING PROGRAM, OR THE ATHLETE ABOVE IS OVER 18 AND HE/SHE HEREBY CONSENTS TO THE TRAINING AND INSTRUCTION OFFERED.

I AGREE WITH AND ACKNOWLEDGE THE FOLLOWING:

1. THE TRAINING SEMESTER FEES ARE \$95 PER ATHLETE (OR A PREPAYMENT OF \$240 FOR THE FIRST THREE SEMESTERS), PAYABLE AT THE BEGINNING OF EACH SEMESTER OR WHEN THE ATHLETE INITIALLY STARTS PARTICIPATION. THE SEMESTER TRAINING FEES ARE NON-REFUNDABLE. CHECKS SHOULD BE PAYABLE TO "GREATER HEIGHTS WRESTLING". THERE IS A \$30 RETURN CHECK FEE FOR ANY PAYMENT THAT RESULTS IN INSUFFICIENT FUNDS. IF MY ATHLETE BEGINS PARTICIPATING IN A TRAINING SEMESTER AND FAILS TO PAY SEMESTER DUES FOR THAT GIVEN SEMESTER THEN I UNDERSTAND, ACKNOWLEDGE AND PROMISE TO PAY THE ENTIRE SEMESTER DUE AND ALL LEGAL RECOURSE MAY OCCUR TO COLLECT THE FEES OWED AT MY EXPENSE.

2. I HEREBY RELEASE JASON KECK, THE GREATER HEIGHTS WRESTLING PROGRAM, IT'S COACHES AND STAFF MEMBERS, COLLECTIVELY AND INDIVIDUALLY, PARK HILL HIGH SCHOOL AND THE PARK HILL SCHOOL DISTRICT, OAK PARK HIGH SCHOOL AND THE NORTH KANSAS CITY SCHOOL DISTRICT, FROM ANY AND ALL LIABILITY IN CONNECTION OR CONJUNCTION WITH ANY AND ALL ACTIVITIES OFFERED OR PARTICIPATED IN AS PART OF THE 2018 TRAINING OFFERED, INCLUDING ANY CAMPS OR CLINICS. THIS INCLUDES BEFORE, DURING AND AFTER WORKOUTS AND ALSO AS PART OF ANY STRENGTH TRAINING, GYMNASTICS, BODY-LEVERAGING OR PRE OR POST PRACTICE WARMUPS/GAMES. I HEREBY CONSENT THAT I WILL NOT BRING LEGAL RECOURSE/ACTION, INCLUDING THE FILING OF A LAWSUIT, FOR ANY CAUSE OF ACTION RELATED MY OWN OR MY ATHLETE'S VOLUNTARY PARTICIPATION IN THE PROGRAM AND ITS TRAINING.

3. EVEN IF A WORKOUT IS MOVED TO, OR OFFERED AT, A DIFFERENT LOCATION, I HEREBY ACKNOWLEDGE THAT THIS WAIVER, RELEASE AND COVENANT NOT TO SUE REMAINS BINDING AND VALID. THIS WAIVER, RELEASE AND COVENANT NOT TO SUE ALSO INCLUDES ANY LIABILITY OR INJURY THAT OCCURS IN TRANSPORTING MYSELF AND/OR MY ATHLETE TO OR FROM WORKOUTS OR COMPETITIONS.

4. I AUTHORIZE JASON KECK & THE COACHING STAFFS TO ACT ON MY BEHALF REGARDING ANY SITUATION REQUIRING DISCIPLINE OR MEDICAL ATTENTION. IF MY CHILD NEEDS MEDICAL ATTENTION, IT IS MY WISH THAT TREATMENT BEGINS WHILE EFFORTS ARE BEING MADE TO CONTACT ME. SO THAT TREATMENT IS NOT DELAYED, I CONSENT TO ANY MEDICAL PROCEDURES THAT THE PHYSICIAN BELIEVES ARE NECESSARY, ON THE UNDERSTANDING THAT EFFORTS WILL CONTINUE TO BE MADE TO CONTACT ME. I ACCEPT THE RESPONSIBILITY FOR ALL COSTS RELATED TO SUCH TREATMENT. MY SON/DAUGHTER IS PHYSICALLY FIT TO PARTICIPATE IN COMPETITIVE WRESTLING AND THE TRAINING BEING OFFERED, ACCORDING TO EITHER HIS/HER FAMILY PHYSICIAN OR BY WAY OF A PHYSICAL EXAMINATION FOR ATHLETIC PURPOSES. I UNDERSTAND THAT WRESTLING IS A CONTACT SPORT AND INJURIES DO OCCUR AND CAN BE PERMANENT IN NATURE.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

STAFF USE ONLY: PAYMENT RECEIVED: CASH _____ CK # _____