



2010 Middleton Area Wrestling Club

Program Dates: January 5th – March 27th Every Tuesday and Thursday
 Grades: K - 8
 Time: 6:30 to 8:00pm
 Location: Middleton High School Wrestling Room

\$95 fee includes:

- 24 instructional sessions divided into age groups
- Parent Orientation on the program at the first practice (January 5th)
- Program T-shirt
- Registration for your wrestler into one weekend tournament in Jan/Feb (date to be announced)

Name: _____ School: _____
 Address: _____ City and Zip: _____
 Phone #: H _____ C _____ T-shirt: Youth size or Adult Size _____
 Birthday: _____ Grade: _____ Weight: _____
 E-mail: _____ USA Card #: _____ (Present at first practice)

Middleton Area Wrestling Club waiver and Parental Release: I, the undersigned, parent/guardian of _____ (Participant's name) on ___ / ___ / ___ (Date) release The Middleton Area Wrestling Club and all of their employees, officers, and agents from all claims of damage, demands, and actions whatsoever, including costs and attorneys fees, arising out of negligence of The Middleton Area Wrestling Club in conjunction with my child's participation in The Middleton Area Wrestling Club Activities. This release is given in consideration of providing supervision of my child during **Middleton Area Wrestling Club** and includes, but is not limited to, my commitment to hold The Middleton Area Wrestling Club harmless from any such claims against it. I hereby submit that my child is physically able to participate in the activities of The Middleton Area Wrestling Club I understand that there are risks inherent in wrestling activities, including the risk of physical injury or death, and I assume such risks on behalf of my child. I release The Middleton Area Wrestling Club from all liability arising from negligence of The Middleton Area Wrestling Club, their agents, officers, directors, and employees if my child is injured and/or if any claims should arise out of my child's participation in Middleton Area Wrestling Club activities. I authorize the The Middleton Area Wrestling Club to act for me according to its judgment in any emergency involving my child requiring medical attention. In the event of an emergency, I give The Middleton Area Wrestling Club my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I agree to pay all expenses incurred due to any emergency involving my child in conjunction with The Middleton Area Wrestling Club

Parent/Guardian Signature: _____ Printed Name: _____
 Emergency Contact/ Phone#: _____

Return form and payment to:
 MAWC c/o Andy Bock
 2706 Woodside Dr.
 Cross Plains, WI 53528