



Powerhouse Wrestling Academy

“Where Wrestling is a Lifestyle”

*** Registration 2010-2011 ***

Wrestler’s Name _____ Age _____ Sex _____ DOB _____

Address _____ City _____ State _____ Zip _____

Years of Experience _____ Weight _____ Grade _____

School Attending _____ Projected High School _____

Parents Names _____ Home # _____

Dad Cell _____ Mom Cell _____ Email _____

T-Shirt Size _____ Youth/Adult (Circle ONE)

**** MUST HAVE A CURRENT 2010-2011 USA WRESTLING CARD ****

Registration Fees:

Annual Membership Fee - \$35.00 per family – Due November 15th of current wrestling season

Unlimited sessions per month - \$75.00/mo. – Due 1st of each month

4 sessions per month - \$37.50/mo (Powerhouse Members only)

7 month package (Nov – May) – \$487.00 + 2 private sessions w/coach of your choice

Individual Sessions (Non-Powerhouse Members) - \$12.00/session

League Wrestling - \$180.00 (NOV 1 – FEB 27) Includes 2 practices per week

Checks payable to: Powerhouse Wrestling

Mail Checks to: Powerhouse Wrestling 240 Tacketts Mill Rd, Stafford, VA 22556

Package Selected _____

Contact: Tom Kibler 540-752-6001 or 540-295-5295 for any questions. Email: powerhousewrestling@gmail.com

Website: www.powerhousewrestling.org

Participants Waiver and Release

In consideration of the undersigned wrestler (“Participant”) being allowed to participate in Powerhouse Wrestling & the Central Virginia Wrestling League – sponsored wrestling practices, meets and tournaments for the 2010-2011 season: said Participant and his/her legal parent(s) and/or legal guardian(s), for themselves and each of their heirs, personal representatives and assigns, to the fullest extent lawfully permitted, release, discharge and covenant not to sue Powerhouse Wrestling, the Federation or its affiliated clubs, and their respective officers, administrators, coaches, trainers, meet coordinators, referees, sponsors, sponsoring agencies and advertisers, or the owners and lessors of premises in which such events occur, with respect to any and all claims, damages, or other liabilities arising out of the Participant’s injury or death occurring during such events, whether in the course of training, travel or competition. The undersigned hereby acknowledge having adequate health insurance necessary to provide and pay for any medical costs that directly or indirectly result from any and all participation in this activity. **Each of the undersigned acknowledges the sport of wrestling involves severe physical exertion and intense stress which can result in serious injury or in some rare circumstances, death; he/she agrees to assume the risks of such consequences. This Waiver and Release is freely and voluntarily given with full understanding of the inherent risks of participating in Central Virginia Wrestling League’s athletic competition.**

Signature of Parent or Legal Guardian

Date

I hereby give permission to Powerhouse Wrestling to use my son/daughter’s photo, first and last name on their website or for any other promotional purposes. I understand that Powerhouse Wrestling will not include address or telephone number on the website.

Signature of Parent or Legal Guardian

Date

I hereby am responsible for all equipment and uniforms that are provided to me by Powerhouse Wrestling. I understand that it is my responsibility to turn in the uniforms at the end of the season in proper condition and will be responsible for the replacement cost of the uniform if damaged or not returned.

Signature of Parent or Legal Guardian

Date