

Victory Fall High School Wrestling – Fall 2018

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|---------------------------|--|---|--|
| \$85 | Fall High School Club Practices | Tue & Thu | 6:30 – 8:00 p.m. |
| Includes: | Saturday Practices at UVU → | https://www.wrestleutah.com/ >>> | Events >>> Fall Season |
| \$5 discount for siblings | | Sep 11,13,18,20,25,27 and Oct 2,4,9,11,16 | |
| Location | Copper Hills HS Wrestling Room <u>5445 W. New Bingham Highway</u> <u>West Jordan, UT 84081</u> | USA Wrestling Membership Required Club / Affiliation === Victory Wrestling (1978301) | Utah Full Athlete - \$45 https://www.usawmembership.com/login |
| Tournament Registration: | <u>TrackWrestling.com</u> | Planned Tournaments: Pre-Season Tournament – Oct 27 th (Telos U) | https://www.wrestleutah.com/ >>> Events >>> Fall Season |
| Coaches | Jeff Humpherys, Gardner Wheeler, Scott Pace | Registration / Checks To: | Copper Hills High School 5445 W. New Bingham Hwy West Jordan, UT 84081 |

For more information: Gardner Wheeler (801) 867-2346, Jeff Humpherys (801) 870-3418 or Scott Pace (801) 864-9900

Name of Participant _____ Male Female
 Birth Date ____/____/____ Age ____ School Grade _____
 Address _____
 City _____ State _____ ZIP Code _____
 Name of Parent or Guardian _____
 Home Phone _____ Cell Phone _____
 E-Mail _____
 In Case of Emergency, Notify (Name) _____
 Phone _____ Cell _____

Informed Consent / Waiver of Liability Agreement

- 1) **Liability Release and Indemnification.** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Jordan School District (JSD) and its officers, employees, and volunteers from any and all suits, claims or liabilities, including negligence based on any injury except that caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
- 2) **Emergency Treatment.** In case of an emergency involving my child, I hereby authorize Jordan School District camp/clinic program staff to act on my behalf in accordance with their best judgement, and I agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom.
- 3) **Refunds.** No refunds shall be given after the first day of the program.
- 4) **Collections.** In the event that my account is referred for collection, I agree to pay Jordan School District all costs incurred, together with reasonable attorney's fees.
- 5) **Equal Opportunity.** Jordan School District provides equal opportunity to participate regardless of race, creed or gender and will, upon request, provide reasonable accommodations to individuals with disabilities.

By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.

Signature: _____
 (Parent or Legal Guardian) Signature of Participant
 Date: ____/____/____

All camp & clinic documentation and financial records must be kept on file at the school for a period of four (4) years



Fall High School - 2018

