

Victory Winter Wrestling – 2018-19

\$165	Victory Elites (4 th – 8 th) [\$15 sibling discount]	Tue, Wed, Thu	7:00 – 8:30 p.m.
\$125	Victory Warriors (K – 3 rd) [\$10 sibling discount]	Tue, Wed, Thu	5:45 – 6:45 p.m.
\$95	Victory Tasmanian Devils (Pre-K) [\$5 sibling discount]	Tue, Wed, Thu	5:45 – 6:30 p.m.

Practice Dates: Oct: 23,24,25,30,31, Nov: 1,6,7,8,13,14,15,20,27,28,29, Dec: 4,5,6,11,12,13,18,19,20, Jan: 2,3,8,9,10,15,16,17,22,23,24,29,30,31, Feb: 5,6,7.

See google calendar (available on our website) for additional details: <http://copperhillswrestling.weebly.com/youth-wrestling.html>

Copper Hills HS Wrestling Room

[5445 W. New Bingham Highway](#)
[West Jordan, UT 84081](#)

Coaches

Gardner Wheeler, Scott Pace, Jeff Humpherys

Tournament Registration: TrackWrestling.com

Tournament Details: <https://www.wrestleutah.com/> >>> Events >>>
Fall Season

USA Wrestling **Membership Required** with Club /
Affiliation === **Victory Wrestling (1978301)**

Basic Level - \$15 needed -- <https://www.usawmembership.com/login>

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

Registration / Checks To: Copper Hills High School, 5445 W. New Bingham Hwy, West Jordan, UT 84081

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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