



WARHAWK WRESTLING CLUB

The purpose of the Warhawk Wrestling Club is to instill a love and passion for the sport of wrestling. Surrounding our kids with positive role models and coaches, having fun, and teaching perseverance will provide the foundation for success this off-season. Our coaching staff is committed to developing our athletes and build upon the skills they have to be competitive in our Youth and Junior High wrestling program. This club will focus primarily on the High School/Collegiate style of wrestling.

Attendees:

Boys and girls in the 3rd through 8th grade

Training cycle dates/first practice:

April 3, 2018 thru August 7, 2018 at Westerville Central HS Wrestling Room 6:00-7:30pm

Contact Information: Bob DeRose Email: bderose@barkanmeizlish.com Phone: 614-832-5297

Coach:

Josh Schmitz – WCHS Head Wrestling Coach Email: joshschmitz27@gmail.com Phone: 614-204-7891

COST: \$50 per wrestler

Make ALL Checks payable to WCABC – Wrestling Mail checks to Warhawk Wrestling Club
7032 Pine Hollow Drive
Westerville, OH 43082

Includes: Warhawk T-Shirt

Shirt size: Youth/Adult _____

WRESTLER INFORMATION

Name: _____ **Age**_____ **Current Grade** _____

Address: _____ **City**_____ **Zip**_____

Phone #: _____ **Email:** _____

School: _____ **Birthdate:** _____

PARENT GUARDIAN INFORMATION:

Name: _____

Address: _____ **City**_____ **Zip**_____

Phone #: _____ **Email:** _____

Name: _____

Address: _____ **City**_____ **Zip**_____

Phone #: _____ **Email:** _____

EMERGENCY CONTACT INFORMATION (Other than a Parent or Guardian)

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

MEDICAL AUTHORIZATION FORM

I hereby give permission for emergency treatment of above student-athlete by physicians, school sports medical staff, coaches, EMT's, or hospital emergency room personnel for treatment for any illness or injury resulting from, or affecting, his/her athletic participation. Also, in the event that I cannot be reached, I hereby authorize and give permission to take my child to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit my child for treatment. I further understand that all expenses and liability for said expenses incurred with respect there to shall be fully assumed by me. Also, I am aware of the risks in wrestling, and in consideration of my son's/daughter's participation in the Warhawk Wrestling Club, I hereby agree to indemnify and hold harmless, Westerville City Schools and its Administration along with the coaching staff, its students, employees, volunteers, sponsors, and agents, the Athletic Department and their employees, instructors or agents, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of or relating to my son/daughter's use or presence at these facilities. I attest that I have read and understand this assumption of risk and waiver of liability and that I am the child's parent or legal guardian.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND RETURNED TO COACH SCHMITZ OR BOB DEROSE BEFORE YOU WILL BE ALLOWED TO PARTICIPATE IN THE CLUB!!!