

# Greenwood Wrestling Club

## FREE SPRING CLINIC

**Who:** 4th - 11th grade boys & girls  
Athletes separated by size and grades

**When:** April 5 - April 29  
8 Free Practices...Monday's & Thursday's 6-7pm

**Where:** Greenwood High School  
Enter door 31 (Activity Center), go in the main gym and up the stairs on the west end to the wrestling room

**Style:** Freestyle & Greco-Roman  
(The styles used in the Olympics)

**Questions:** [jyates@gws.k12.in.us](mailto:jyates@gws.k12.in.us)



# Greenwood Wrestling Club

Athlete's Name: \_\_\_\_\_

USA Wrestling Card Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Weight: \_\_\_\_\_

I acknowledge and fully understand that each participant will engage in activities that involve risk of injury which might result not only from their own actions, but the action of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. I accept the foregoing risks and personal responsibility for the damages following such injury and hereby consent to allow my child to participate in the Greenwood Wrestling Club Youth Wrestling Clinic. I and my legal heirs release and agree to indemnify, defend and hold harmless the Greenwood Wrestling Club, Greenwood Community Middle or High School, and any coach, assistant, sponsor, official or administrator from any claim, expense or liability incident to my child's involvement or participation in the Greenwood Wrestling Club. I agree that my child is covered under my health insurance plan, and will hold harmless those involved with the Greenwood Youth Wrestling program.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

