



Wrestling Clinic

WHEN: Saturday, April 11, 2015

WHERE: John Ehret High School

TIMES: 10 am - 12 noon & 1 pm - 3 pm

Bring a lunch or we will have drinks and pizza available for sale.

COST: \$30 per wrestler

Must have a USA Wrestling Card

If paying by check, Make Check out to
Westbank Wrestling Club



DAX CHARLES

CSU-PUEBLO HEAD WRESTLING COACH

Coach Charles, in his seventh season as CSU-Pueblo's Head Wrestling Coach, is a former national champion at CSU-Pueblo (1992) and a three-time All-American (1991, 1992, and 1994). He was inducted into the NCAA Division II Hall of Fame in 2012. In addition to his head coaching experience, Charles was an assistant coach at CSU-Pueblo from 1995-2001. ***Dax is a 1989 LHSAA State Champion from John Ehret High School.***

RAY HALL

CSU-PUEBLO ASSISTANT WRESTLING COACH

Ray Hall enters his first season after concluding his collegiate career with CSU-Pueblo in 2014. He is a two-time NCAA Division II All-American at 165, earning the honor in 2013 and 2014.

Go to www.westbankwrestling.org for more info

CLINIC REGISTRATION FORM

NAME: _____

DATE OF BIRTH: _____ **WEIGHT:** _____

SCHOOL: _____

USAW #: _____

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER
WRESTLING CLINIC
Saturday April 11, 2015**

Read this document completely before signing. Its effect is to release the Jefferson Parish School Board, Colorado State University – Pueblo, USA Wrestling, Westbank Wrestling and their agents from any liability resulting from participation in the above-named camp/clinic/activity and waives all claims for damages or losses against the above named entities.

In consideration of my being permitted to participate in the above-named camp/clinic on the School's campus on the above-listed dates, I (please **PRINT** name) _____, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the Board of Governors and Colorado State University -Pueblo, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participating in and/or presence at the above listed activities. I acknowledge that I am aware of the hazards and risks which may be associated with my participation in the above-named activities including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, and damage that can result from increased heart rate including heart attack and stroke. I understand, accept, and assume those hazards and risks, and waive all claims against the Board of Governors and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with the above-named activities.

Signature of Camper: _____ **Date** _____

I, (please **PRINT** name) _____, am **the parent or legal guardian** of the participant who is listed above. I have read and understand the provisions of this document. I consent to the participation in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

Parent's Signature _____ **Date** _____

I further request and authorize the proper personnel of the above-named camp/clinic to refer to an appropriate medical facility, for treatment of illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

In case of emergency, please contact:

Name (Please **PRINT**) _____

Emergency Phone Number Cell # _____

Medical Insurance Company Policy # _____

Member ID# Group ID # _____

Medical Insurance Company Phone Number _____

Medical Insurance Address: _____