



HHH THUNDERBIRD WRESTLING CLUB

A TRADITION OF EXCELLENCE

NOVEMBER 8th – FEBRUARY 16th

OPEN TO K - 8th GRADE

MONDAYS & WEDNESDAYS

K-3RD 6:30-7:30

4TH-8TH 6:30-8:00

**** SESSION ARE ONLY HELD WHEN SCHOOL IS OPEN. IF ALL AFTER SCHOOL ACTIVITIES ARE CANCELLED, THIS INCLUDES THE YOUTH PROGRAM.****

THIS IS NOT A HHCSD SPONSORED OR ENDORSED ACTIVITY

*** THE THUNDERBIRD WRESTLING CLUB IS A 501C3 NON-FOR-PROFIT ORGANIZATION***

FOR MORE INFORMATION VISIT :

WWW.HILLSEASTWRESTLINGTEAM.COM

COACH DAVEY – CALL 631-241-1671

EMAIL- TBIRDWRESTLINGCLUBHHH@GMAIL.COM

COST : \$200

**** SIBLINGS DISCOUNT 25% for 2nd & 50% for 3rd COST INCLUDES T-SHIRT & USA WRESTLING CARD**

PLEASE MAKE CHECKS PAYABLE TO : THUNDERBIRD WRESTLING CLUB

SEND REGISTRATION AND CHECK TO:

BILL DAVEY ATTN: KID WRESTLING

5 BURNS COURT. GREENLAWN, NY 11740

**** ADDITIONAL REGISTRATION WILL TAKE PLACE AT PRACTICE****

NAME: _____ GRADE: _____ DATE OF BIRTH ____/____/____ USA CARD #: _____

ADDRESS: _____ TOWN: _____ ZIP: _____ SCHOOL: _____

EMAIL ADDRESS: _____ TELEPHONE #: (____)-____-____

EMERGENCY CONTACT NAME: _____ EMERGENCY #: (____)-____-____

APPROX. WEIGHT: _____ WRESTLING EXPERIENCE _____ yrs. T-Shirt Size (Please circle one) YS – YM – YL – AS – AM – AL – AXL

Parent/ Guardian Medical Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Name: _____ Date: ____/____/____ Signature _____