

# Stampede Wrestling



**Have fun competing in the world's oldest contact sport. The Stampede Wrestling Club offers young men and women the opportunity to learn and compete in Freestyle & Greco wrestling through affiliation with USA Wrestling. This is a great way to improve your high school wrestling career.**

**Objective: To instill the proper attitudes towards wrestling. Introduce wrestlers to wrestling skills of all levels. Introduce methods of training and conditioning. Improve knowledge and execution of wrestling techniques in all styles of wrestling.**

**Eligibility:** Grades 6-12

**Location:** Taylor HS-9<sup>th</sup> grade gym.

**Registration:** Tuesdays and Thursdays (beginning March 24)  
3:00 PM- 4:30 PM

**Practice Dates:** Two practices weekly (usually Tuesdays and Thursdays) March 24<sup>th</sup> through the Freestyle State Tournament There will be no scheduled practices during school holidays.

**Tuition:** \$100 includes the \$45 USA Wrestling card

1. Wrestlers gain membership to the USA wrestling organization.
2. Wrestlers gain membership to the TX/USA wrestling organization.
3. Wrestlers gain subscription to the USA wrestling magazine.
4. Each wrestler will receive a Mustang Wrestling Club T-Shirt
5. Quality coaching at practices and tournaments.

**Please make checks payable to Stampede Wrestling**

**Coaches:** Todd Hart & Andrew Mueller

**For information contact:** Todd Hart 281-216-3373 or

email [Legocrusader@yahoo.com](mailto:Legocrusader@yahoo.com)

**This organization and its activities are not related to or sponsored by Katy Independent School District.**

# Stampede Wrestling Personal Information Form

**CHECK APPROPRIATE BOX :**

- T-Shirt Size     AS     AM     AL     AXL     AXXL (add \$2)  
 Extra T-Shirts are available for \$12     AS     AM     AL     AXL     AXXL (add \$2)  
 Total number of t-shirts ordered. \_\_\_\_\_    Amount enclosed \_\_\_\_\_

## SECTION 1. Personal Information

**PLEASE PRINT**

Name \_\_\_\_\_ Previous Name \_\_\_\_\_  
(Last, First, Middle Initial) (If worked at the Univ under another name)

Date of Birth \_\_\_\_\_ Age as of 9/1/08 \_\_\_\_\_

Main Contact Phone # \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Phone # \_\_\_\_\_ Secondary Phone Number : \_\_\_\_\_

Insurance Information: Primary Insurance company : \_\_\_\_\_

Policy Number : \_\_\_\_\_

## SECONDARY EMERGENCY CONTACT INFORMATION

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last, First, Middle Initial)

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

## SECTION 2. Medical Information

List any known allergies: \_\_\_\_\_

List any Medications taken on a regular basis ; \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

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### For Club Use Only

Date Payment received \_\_\_\_\_ Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ USA# \_\_\_\_\_

# Stampede Wrestling

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

Below section must be completed by Parent/Guardian for any participant under the age of 18.

### MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_ I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_