



W.W.C.

www.wolverinewrestlingclub.com

Wolverine Wrestling Club, LLC. Clinic Registration Form

Name _____ Date of Birth _____

Address _____ Age at clinic _____

City _____ State _____ Zip _____

Email Address _____

Parent's Name (print) _____

Parent's Signature _____

Student's Signature _____

Home Phone _____ Parents Work Phone _____ T-shirt size _____

Years Wrestled _____ Year in School (upcoming year) _____

School Attending _____

Write in the clinic you will attend _____

Disclaimer of Liability

The University of Michigan, its Athletic Department, and its staff do not assume liability for any injuries incurred while at the clinic or on the way to the clinic. Parents should contact their own insurance carrier to secure additional insurance for the camper, if necessary. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the camper's parents or guardians.

THE CAMPER, IN ATTENDING THE WOLVERINE WRESTLING CLINIC AND IN USING THE UNIVERSITY OF MICHIGAN FACILITIES DOES SO AT HIS OWN RISK. THE UNIVERSITY OF MICHIGAN, ITS ATHLETIC DEPARTMENT, AND ITS STAFF, SHALL NOT BE LIABLE FOR DAMAGES ARISING FROM PERSONAL INJURY SUSTAINED BY THE CAMPER DURING THE CLINIC OR AT THE FACILITIES. THE CAMPER AND HIS PARENTS ASSUME FULL RESPONSIBILITY FOR ANY DAMAGES OR INJURIES WHICH MAY OCCUR TO THE CAMPER DURING THE CLINIC SESSION AND SO HEREBY FULLY AND FOREVER EXONERATE AND DISCHARGE THE UNIVERSITY OF MICHIGAN, ITS ATHLETIC DEPARTMENT, ITS STAFF, ITS OWNERS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF THE CAMPER'S PARTICIPATION IN THE CLINIC SESSION AND IN THE USE OF THE FACILITIES.

MEDICAL INFORMATION

As a condition of participation in the Wolverine Wrestling Clinic, each participant must have had a physical check-up by a certified physician within the last calendar year. _____ has had a physical within the last year and has been declared healthy and able to participate in the Clinic activities.

Signature of Parent or Guardian _____ **Date** _____

This page is standard for Clinics at the University of Michigan. Please read carefully before signing, certifying the above information is accurate.

****Mail or Fax Registration to:** Wolverine Wrestling Club, LLC., PO Box 7896, Ann Arbor, MI 48107 • Fax #-734.449.5630