



2009-10 Wolverine Wrestling Club LLC Application

Name _____ Date of Birth _____

Address _____ Age at Season _____

City _____ State _____ Zip _____

E-Mail Address _____

Parent's Name (print) _____

Parent's Signature _____

Student's Signature _____ Student Cell Phone _____

Mom Cell Phone _____ Dad Cell Phone _____

Home Phone _____ Parents Work Phone _____

T-shirt size _____ Years Wrestled _____ Year in School (upcoming year) _____

School Attending _____

Amount of Discount (circle one): (2) Athletes (5) Athletes (10 or more Athletes)
(Groups must send in applications together)

Deposit for all Seasons: \$500.00 per applicant. Please circle the season(s) you will attend:

- Pre-Season – September 10- November 12, 2008 • In- Season – December 1- March 15, 2010
- Freestyle Season – April 1- June 14, 2010 • One on one Sessions – By appointment only

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

THE CAMPER, IN ATTENDING THE WOLVERINE WRESTLING CLUB LLC, CLINIC AND IN USING THE UNIVERSITY OF MICHIGAN FACILITIES DOES SO AT HIS OWN RISK. THE UNIVERSITY OF MICHIGAN, IT'S ATHLETIC DEPARTMENT, AND IT'S 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, IT'S ATHLETIC DEPARTMENT, IT'S STAFF, IT'S 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 applications & Make checks payable to:** Wolverine Wrestling Club LLC, PO Box 7896. Ann Arbor, MI 48107