

# Maine Eagles Wrestling Club

## 2017-2018 Season

### Membership Application

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#### On-site Registration:

1. October 2<sup>nd</sup> 6:00 – 7:30 – Maine South – Cafeteria
2. October 12<sup>th</sup> 6:00 – 7:30 – Maine West – Spectator Gym Area
3. October 16<sup>th</sup> 6:00 – 7:30 – Maine South – Cafeteria
4. October 25<sup>th</sup> 6:00 – 7:30 – Maine West – Spectator Gym Area

#### Membership Fee Options:

- Option #1 Individual: \$325 – All fees + all tournaments
- Option #2 Individual: \$125 – Covers one tournament + USA Wrestling Card
- Option #1 Family (2): \$550 – All fees + all tournaments
- Option #2 Family (2): \$210 – Covers one tournament + USA Wrestling Card
- More than two participants – please speak with Coach Swarbrick

**Please note: With option #2, only one in-season tournament will be covered with the initial membership fee. If your wrestler(s) plans to attend any additional tournaments, the tournament fee is \$20 per tournament/wrestler.**

- All wrestlers will receive a shirt and short combination as part of the membership fees
- A deposit of \$75 will be collected at the parent meeting for your wrestler's competition singlet

#### Parent Meeting & Practice Schedule

- Mandatory Parent Meeting – Date TBD
- November 13<sup>th</sup> - Training begins
- Practice Schedule:
  - **1<sup>st</sup> & 2<sup>nd</sup> Year Wrestlers: Monday (Maine West), Tuesday (Maine South) & Thursday (Maine West) from 6:00 – 7**
  - **Experienced Wrestlers: Monday (Maine South), Tuesday (Maine South), Wednesday (Maine South & Maine West), Thursday (Maine West) from 7:00 – 8:30**

*Please note: Experienced wrestlers may attend all four days, but it is not a requirement*

- Evaluation – 1<sup>st</sup> and 2<sup>nd</sup> year wrestlers may be invited to move up into the experienced training group and the 3/4-day training schedule
- All wrestlers should plan on attending practice 2 to 3 times per week – please discuss any extended absences with the coaching staff
- Fall sport athletes are expected to report a week following the conclusion of their fall sport
- Weekly training may change from time to time depending on Maine South/West HS activities
- Make checks payable to: MAINE EAGLES WRESTLING CLUB
- More information contact Coach Swarbrick - e-mail: [maineeagleswc@gmail.com](mailto:maineeagleswc@gmail.com)

**Note: Any wrestler(s) who was not a member of the Maine Eagles Wrestling Club or the IKWF during the 2016-2017 wrestling season must include a copy of their birth certificate with their registration.**

**NO REFUND IF (PARENT OR CHILD) SHOULD CANCEL FROM PARTICIPATION.**



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Name of Wrestler: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Indicate Shirt Size (PLEASE CIRCLE):

- (YOUTH) SMALL ... MED ... LARGE
- (ADULT) SMALL ... MED ... LARGE ... XL ... 2XL ... 3XL

Indicate Short Size (PLEASE CIRCLE):

- (YOUTH) SMALL ... MED ... LARGE
- (ADULT) SMALL ... MED ... LARGE ... XL ... 2XL ... 3XL

Approximate Weight: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_

E-Mail 2: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_

Cell Phone 2: \_\_\_\_\_

# Maine Township High School District 207 Waiver and Release From Liability

AS A CONDITION OF ENROLLMENT, THE FOLLOWING DISCLAIMER OF LIABILITY MUST BE SIGNED AND DATED BY THE PARTICIPANT'S PARENTS OR GUARDIAN. THE PARTICIPANT, IN ATTENDING THE MAINE EAGLES WRESTLING CLUB, DOES SO AT THE PARTICIPANT'S OWN RISK. THE MAINE EAGLES WRESTLING CLUB, THE BOARD OF EDUCATION OF MAINE HIGH SCHOOL DISTRICT 207, ITS MEMBERS, OFFICERS, EMPLOYEES, ATHLETIC DEPARTMENT, STAFF, AGENTS AND VOLUNTEERS (COLLECTIVELY "SCHOOL DISTRICT 207") SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING FROM PERSONAL INJURY SUSTAINED BY THE PARTICIPANT WHILE PARTICIPATING OR ATTENDING THE MAINE EAGLES WRESTLING CLUB. THE PARTICIPANT AND HIS/HER PARENTS OR GUARDIAN ASSUME ALL RESPONSIBILITY FOR ANY DAMAGES OR INJURIES WHICH MAY OCCUR TO THE PARTICIPANT WHILE PARTICIPATING OR ATTENDING THE MAINE EAGLES WRESTLING CLUB AND SO HEREBY FULLY AND FOREVER EXONERATE AND DISCHARGE SCHOOL DISTRICT 207 FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT AND FUTURE, WHETHER THE SAME BE ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF THE PARTICIPANT'S ATTENDANCE OR PARTICIPATION IN THE PROGRAM. TO THE EXTENT PERMITTED BY LAW, THE PARENTS OR GUARIDAN SHALL INDEMNIFY AND HOLD HARMLESS SCHOOL DISTRICT 207 AND MAINE EAGLES WRESTLING CLUB, ITS COACHES AND VOLUNTEERS, FROM ANY CLAIM, LOSS, OR EXPENSE WHATSOEVER, INCLUDING WITHOUT LIMITATION REASONABLE ATTORNEYS' FEES, BROUGHT AGAINST OR SUFFERED BY SCHOOL DISTRICT 207 DUE TO ANY INJURY OR LOSS IN CONNECTION WITH THE PARTICIPANT'S PARTICIPATION IN THE PROGRAM OR ARISING OUT OF A CLAIM DIRECTLY OR INDIRECTLY RELATED TO SUCH USE BROUGHT BY ANY OTHER PERSON AND ARISING OUT OF THE PARTICIPANT'S ACTS OR OMISSIONS.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ (RELATIONSHIP TO PARTICPANT) \_\_\_\_\_

# 2017 -2018 Season Medical Release Form

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**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY HOLDER:** \_\_\_\_\_

**WRESTLER'S PAST HEALTH:** \_\_\_\_\_

**WRESTLER'S PAST INJURIES:**  
\_\_\_\_\_

**WRESTLER'S PRESENT INJURIES:**  
\_\_\_\_\_

**WRESTLER'S DRUG SENSITIVITIES:**  
\_\_\_\_\_

**WRESTLER'S OTHER ALLERGIES:**  
\_\_\_\_\_

I verify that my son/daughter has been checked by a licensed physician, and is physically able to participate in the program. I hereby authorize the directors of the Maine Eagles Wrestling Club to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the program from any and all liability for any injuries while training or competing. I understand if this application is accepted, there is no refund if we (parent or child) should cancel from participation.

**If you need special attention, please provide parent/physician instruction with this application for any medical problems related to your son's participation in Maine Eagles Wrestling Club.**

➤ SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

➤ PRINT NAME \_\_\_\_\_

➤ DATE \_\_\_\_\_ (RELATIONSHIP TO WRESTLER) \_\_\_\_\_