

Pride Wrestling Membership Application

Now for only \$400 (~~\$600~~)

All Inclusive Membership Includes:

- All Open Practice Sessions, All Clinics, Scrimmages, and Coaching at tournaments.
- Discount for Summer Camps.
- Chance to Wrestle off for All Star Team

2011-2012

\$75 per Month Includes:

All Open Practice Sessions in a Month

OR

New: Get 1 practice per week at location of your choice thru the *Season* and the *Championship Season* for only \$200

Year Breakdown

Spring and Summer Program (May-August) Don't fall behind in the off season, stay on top of your game with our Spring and Summer Program with Open Practices, Spring and Summer Events, Summer Camps, and Summer Clinics.

Conditioning Program (Sept, Oct, Nov.) Get Conditioned and Be ready for Wrestling Season with Open Practices, Fall Events, and Fall Clinics.

Season Program (Nov, Dec, Jan.) Train Like a Mad Man and Battle your way to the Top. Leave No Wrestling Mat Unturned with Open Practices, Holiday Clinics, and Winter Events.

Championship Season (Feb, March, April) Put yourself to the test with our Championship Program Specifically Designed for those Training for the Area Tournament, The State Tournament, and Open Championships. Open Practices, Combined Practice Sessions and Scrimmages, Championship Clinics, and Championship Events.

Additional Programs:

- **Speed, Agility, Strength, and Power Training**
 - **Personal Training**
 - **Sport Specific Training**
- Price and Availability will vary upon individual needs**

Registration Form 2011-2012 season: Application and Fees must be received prior to participation in any Pride Wrestling session. No Parents are permitted in the wrestling room. Wrestling shoes only permitted on the wrestling mat. Check or Money order Made Payable to Pride Wrestling. Mail to: Pride Wrestling 211 Godfrey Road Leechburg Pa 15656 Questions or concerns please call 724-681-5793 or email pridewrestlingemail@yahoo.com Schedule is subject to change please check website regularly for schedule updates www.wrestlewithpride.com

Wrestler's Name _____ Phone(s) _____

Emergency Contact Name and Phone _____

Age _____ Weight _____ School District _____ Grade _____ Yrs. Experience _____

Does the wrestler have any physical/medical conditions that should be made known? _____

Is the wrestler currently taking any medications? _____

Liability release: I, the undersigned, individually and as a parent/guardian of the above listed, a minor, ask that he/she be admitted to participate in the sports events sponsored by Pride Wrestling Club. I do hereby agree to release, discharge and hold harmless all parties involved, their owners, agents, Owners of property and building, any and all schools and school districts where events are held, Pride Wrestling Club and it's coaches and employees from all liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport events or in the course of competition and/or activities held in connection with the sport events. I also give permission for my child to be photographed in relations that the photographs may be used for Pride Wrestling promotional purposes.

Participant's Signature

Date

Parent/Guardian's Signature

Date