# Holiday Wrestling Clinic And Scrimmage

## Location: Penn State New Kensington

***$75 Clinic*** **December 27th-30th** ***Wrestling December***

***27th,28th, 29th from 6 to 8pm***

***Scrimmage on Friday, December 30th starts at 6:00pm***

***(If interested in participating in the Scrimmage only the cost is $15 per wrestler)***

*Pre-Registration is suggested however walk-ins will be accepted if space is available*

Checks made payable to Pride Wrestling

Registration can be mailed to: 211 Godfrey Road Leechburg Pa 15656

Questions: Call Rachel Joseph @ 724-681-5793 or email pridewrestlingemail@yahoo.com

Cut here----------

Holiday Clinic and Scrimmage Registration Form:

Wrestler's Name_____ School/Club_____

Age _____ Birth Date: _____Weight_____ Yrs. Experience_____

Phone:_____ Address:_____

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.

_____ _____

Parent/Guardian Signature Date