

MAT ACADEMY - WRESTLING
WRESTLER INFORMATION FORM & MEDICAL WAIVER

Wrestler's Name: _____ Age: _____

Current School: _____ Grade: _____

Wrestler's email Address: _____

Wrestler's cell: _____

Program Choice:

_____ Instructional Wrestling Basics (\$115.00)

_____ Intensive Training / Wrestling (\$135.00)

Wrestling Experience (Brand new, 1yr, High School, Year-round, etc.) _____

Father's cell: _____ email: _____

Mother's cell: _____ email: _____

Wrestler's T-Shirt Size: _____

Medical Waiver: I waive and release **MAT Academy**, its staff and hosting facilities from injury that may occur during the workout to the above mentioned player, onsite or involving travel to and from the event. I also take responsibility for any expenses that occur during the workout due to necessary treatment of injury. I also give permission for emergency treatment if needed. I understand by signing this waiver, I give consent to participation in the event and assume all risk.

Parent or Legal Guardian: _____ Date: _____