

Ellis Rec's K-8th Gr. Wrestling Clinic

This is an excellent opportunity to learn about wrestling or improve skills. The Ellis Federated Wrestling Club will conduct their **Parent sign-up meeting Tuesday December 3 at 6:00 p.m.** for kids who are interested in joining the Wrestling Club program.

Registration Deadline: November 20, 2019

Fee: FREE!
Held On: Tuesday, Dec. 3 & Thursday, Dec 5
Times: 6:00 to 6:45 p.m. for 1st -3rd Year Wrestlers
 6:45 - 7:45 p.m. for 4+ years of experience Wrestlers
Location: Ellis New High School Wrestling Room



Don't Forget: You can register online!

REGISTRATION DEADLINE NOVEMBER 20, 2019

Print Childs Name: _____ Phone: _____

Address: _____ City: _____

Age: _____ Date of Birth: _____ Grade: _____ Male: _____ Female: _____

Years of Experience: **Circle** – 1st-3rd Year 4 or more Years

Print Father's Name _____ Wk# _____

Print Mother's Name _____ Wk# _____

Emergency contact: please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name _____ Home phone _____ Wk # _____

Relationship to participant _____ List any medical conditions if any: _____

_____ List food allergies if any: _____

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. **WAIVER RELEASE STATEMENT:** As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. **I, the Parent/Legal Guardian** of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Signature of parent or guardian: _____

E-mail address of parent or guardian: _____

(This will be used to e-mail upcoming ERC events.)



**Please Return Form to: Ellis Recreation Commission, 1204 Washington, Ellis, KS 67637
 Phone: (785) 726-3718 OR the Drop Boxes located in the Schools.**

FOR OFFICE USE ONLY: Pd _____ SCH _____ W _____ Date _____

Cash Check Credit _____ Amt. \$ _____ Name: _____

Wrestling Clinic 2019