

GGT WRESTLING
2024 OFF-SEASON WRESTLING
MARCH 1,2024-MAY 31,2024

LOCATION:2s2676 Illinois Rt 59
Warrenville, IL 60555

Cost: \$500

\$250 FIRST DAY OF PRACTICE (1ST PAYMENT)

\$250 APRIL 1, 2024 (LAST PAYMENT)

Saturday and Sundays Tournaments

T-Shirts Size: _____ **Shorts:** _____ **SINGLET'S SIZE** _____

Coach Gomez will assign each wrestler to practice time. Changes to assigned times are at the sole discretion of Coach Greg Gomez. Each wrestler will be placed in the appropriate practice based on their age, size, and skill level. This will optimize partnering and maintain a safe environment for optimal training. All special clinics and classes with guest Coaches/ Instructors will be optional and at an additional charge unless otherwise notified by Head Coach Greg Gomez. Wrestler Information

NAME _____

USA CARD NUMBER _____

USA Wrestling Card Membership Required No refunds will be given after registration is completed. The only exception is if the wrestler sustains an injury which prohibits him/her from training and/or competing. A partial prorated refund can be given with a doctor's note and proper documentation. Parent/ Guardian Information: By signing this contract I understand I am agreeing with all the terms listed above.

Name: _____

Signature: _____ **Date:** _____

GGT WRESTLING PARTICIPANT & REGISTRATION RELEASE

Last _____ First _____

Age _____ Date of Birth _____

Address: _____

Parent's Email Address: _____

Day: _____ Evening _____

Cell Phone Number: _____

Emergency Contact:

Name: _____

Relationship to Participant: _____

Phone Number Where Emergency Contact may be reached:

Release of Liability: The undersigned participants and his/her parent / legal guardian agree to hold Greg Gomez Trained Wrestling Geneva H.S AND District 309, , its coaches, and volunteers harmless from claims ,damages, losses and/or expenses arising out of participation in wrestling activities(including: any physical conditioning ,training, drilling) and to assume all liability for any and all personal injury, body injury , illness or property damage that occurs as a result of participation in such wrestling activities. Signature of this agreement also warrants that participation in wrestling is voluntary and that the participant understands that these risks exist despite the wrestling club coaches, trustees, for no reason you will not degrade Greg Gomez Trained Wrestling Geneva H.S in any social media forms.

Parent/legal Guardian Signature: _____

Date: _____

Information: All information collected is for GGT, Geneva H.S use only. Images at practice and tournaments may be used to promote GGT Wrestling. Name and address are not released without parent consent.

Parent/legal Guardian Signature: _____

GREG GOMEZ TRAINED WRESTLING

Medical Release Form TO WHOM IT MAY CONCERN: As a parent and/ or guardian, I do here with authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ Age _____

Relationship to Minor: _____

Address _____ City/State _____

Phone: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Father, Mother, Legal Guardian. (Circle One)

Parent e-mail address: _____ Specific medical

allergies, chronic illnesses or other conditions:

OTHER CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____

This form must be filled out in entirety and signed, prior to minor's participation in any GGT practice or tournament.

Signed: _____ Date: _____

GGT WRESTLING Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until the payment agreed below is paid in full.

Credit Card Information Card Type: MasterCard VISA Discover AMEX

Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address):

_____, _____,

authorize Greg Gomez Trained Wrestling to charge my credit card above for agreed upon purchases.

I understand that my information will be saved to file for Future transactions on my account until payment of season paid in full.

Date **Payment** **Paid Remaining**

Customer Signature _____

Date _____