



"Buster" Jadach's Youth Wrestling School

5-Week Summer Program

Come learn and train with one of the most respected coaches in Connecticut wrestling! National Wrestling Hall of Fame & Derby High School coach "Buster" Jadach is offering wrestling instruction for young wrestlers in grades 3rd – 8th. Summer wrestling school classes will be offered on Saturday mornings, June 26th – July 31st between 8-10 am at the Joel E. Smilow Boys & Girls Clubhouse in Ansonia, CT. Wrestlers will be grouped by age, weight and ability.

Dates:	Saturdays, June 26 th – July 31 st (**No class July 3 rd **)
Time:	8:00 – 10:00am
Grades:	3 rd – 8 th Graders
Cost:**	\$125 (Current USA Wrestling-CT Member) \$135 (Includes USA Wrestling-CT Membership for Program)
Location:	Joel E. Smilow Boys & Girls Clubhouse 28 Howard Ave Ansonia, CT 06401

**Many wrestlers already are current members of USA Wrestling-CT and as a result have insurance coverage. If not, USA Wrestling-CT has generously agreed to offer coverage for this program for \$10. All participants that do not have a current membership must purchase one. The registration and liability waiver is included along with CT Speed School's forms.

Connecticut Speed School, LLC strives to offer our student-athletes the very best in coaching, motivation and value. Coach Jadach fits perfectly into our School's youth development curriculum and we are proud to offer our young wrestlers this opportunity!

Please complete the attached registration forms and mail with payment to Connecticut Speed School, 2 Country Club Close, Orange, CT 06477. The Forms can also be found at www.ctspeedschool.com/camps.htm under "Buster" Jadach's Youth Wrestling School.



“Buster” Jadach’s Summer Wrestling School

Registration & Waiver Form

*****Please Print Clearly*****

**Child’s
Name:** _____ **Age:** _____ **Birth Date:** _____

Name of Parent/ Guardian: _____

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Contact #: _____

Email: _____

**Name of
Camp/
Program:** “Buster” Jadach’s Summer Wrestling School

Please make checks payable to Connecticut Speed School and mail to Connecticut Speed School, 2 Country Club Close, Orange, CT 06477.

No refunds will be granted for any reason after June 12th. PARTIAL refunds will be granted for medical reasons only and you must have a signed physicians excuse. An administrative fee will be deducted before any refund is made. No refunds will be given once a camp or program begins. All cancellations must be in writing, e-mail or fax. Cancellations will not be accepted over the phone.

WAIVER & RELEASE FORM
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

I give my approval and consent to the participation of _____ (child's name) in the Connecticut Speed School, LLC's (hereinafter referred to as "School") programs, events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, MY CHILD'S LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the School's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/ or in the School itself, I will remove my child from the participation and bring such attention of the nearest School official immediately; and,
4. I myself, my spouse, my child's legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the School and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the School's programs, events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the School, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,
6. I certify that my child is physically fit to take part in all School programs, events and activities; and,
7. I pledge my child's compliance to any and all School rules and understand that my child could be dismissed from the School's programs, events and/or activities for any conduct not in the best interests of the School and that no part of my child's registration fee will be refunded; and,
8. I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency medical personnel while participating in the School's programs, events and activities.

(Parent/ Guardian Signature)

(Print Name Clearly)

Date Signed: _____

Please list any allergies and/ or medical conditions, including those requiring maintenance of medication (i.e. bee stings, diabetes, asthma, seizure disorders). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information which may interfere with or alter treatment.

WRESTLING 2009-2010 SEASON APPLICATION FOR MEMBERSHIP

No Out of state checks accepted by USAWCT

<input type="checkbox"/> Competitor	<input type="checkbox"/> Male <input type="checkbox"/> Female	Card Number	Club:
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DATE OF BIRTH _____ AGE _____ GRADE _____

NAME _____ TELEPHONE _____

eMail ADDRESS _____

Street ADDRESS _____

Enter City, State & Zip code _____

Club _____

Waiver and Release from Liability

1. I, _____ the undersigned, on behalf of myself, my heirs, and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers,, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision, or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and other losses to person or property, including death, and that severe social and economic losses may also result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Signature of Wrestler) (Print Name) DATE

The undersigned _____ does hereby represent that he/she is, in fact, the parent or guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of Parent or Legal Guardian and Relationship to Minor)

Print Name _____

Date _____