



This Spring the BWC will continue the BearCat Wrestling Club for all wrestlers interested in gaining experience in any stage of Wrestling. The Club will meet twenty two times and be focusing on folkstyle and freestyle wrestling. Each session will be led by Boyertown and OJR coaching staffs and will also feature guest clinicians. The idea is to give the athletes an opportunity to wrestle. OUR GOAL is to continue to make the PAC and our area one of the most competitive and respected wrestling leagues.

THIS IS A GREAT OPPORTUNITY AND WE LOOK FORWARD TO SEEING YOU SOON.

When:	Starts March 25th and ends May 22nd
Days:	Every Tuesday, Wednesday, and Thursday
Time:	6:30 – 8pm
Where:	BTC-2 East 2 nd Street Boyertown, PA (Rear of Boyertown Lions Ambulance)
Age & Experience:	Grades 7 through 12 (unless an experienced 6 th grader)
Cost:	<i>\$175 per wrestler for all sessions (\$150 for Boyertown wrestlers) or \$10.00 per session. The cost goes directly to facility costs and clinicians -- this club is not for a profit. Checks should be made payable to: BAWA.</i>

*** Please complete the Liability Waiver Form and bring it to the 1st Session ***

STAFF

Jakob Campbell – 3x PA State Medalist, Div. I Wrestler (Bucknell/Penn State)

David Campbell – PA State Qualifier, Div. I Wrestler (Bucknell/Rutgers)

Boyertown High School Coaching Staff

Owen J. Roberts High School Coaching Staff

GUEST CLINICIANS

Mike Spaid - NCAA All-American (Bloomsburg)

Tom Killoran – 2x PA State Medalist, Div. II Wrestler (Kutztown)

Jordan Wood - 3x NCAA All-American (Lehigh), PIAA State Champion

Liability Waiver / Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
A Minor is under age 18 on the registration date
READ BEFORE SIGNING

IN CONSIDERATION OF _____, ("my child") my minor child/ward, being allowed to participate in any way in the Boyertown Area Wrestling Association (BAWA) [dba Boyertown Wrestling Club (BWC) or dba Bearcat Wrestling] program, related 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 the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, 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 program'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 program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), 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 these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
(PARENT/GUARDIAN SIGNATURE)

Date Signed: _____

(PRINT NAME)

Emergency Contact Name: _____

Phone # _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
(MINOR PARTICIPANT SIGNATURE)

Date Signed: _____

(PRINT NAME)