

WRESTLING CLINICS

JON TRENGE

3x NCAA All-American at Lehigh (197) – 2nd/2nd/3rd
Jr National FS Champion / University Nationals FS Champion / 5th 2004 US FS Olympic Trials
2x PIAA State Champion (Parkland HS)

JASON KUTZ

Head Coach – Lehigh Valley Athletic Club
Volunteer Coach – Lehigh University
EIWA Champion at Lehigh / 2x Member of the US National Team
2nd – 2003 US Freestyle World Team Trials / World Military FS Champion / University Nationals FS Champion

When: July 20 (Mon) to July 23 (Thurs)

Time: 9am to 11am (live wrestling 11 to 11:30)

For wrestlers entering grades 7 – 12

(Graduating high school Seniors welcome)

Where: **SOUDERTON HS WRESTLING ROOM**

Cost: \$70 for all 4 sessions or \$25 per session (register at the door - \$85 all four sessions)

Space limited to first 30 wrestlers – so sign up early.

Please complete your registration with a check payable to: Souderton HS Wrestling Booster Club
Mail to: Steve Tanen, 421 Indian Crest Drive, Harleysville, PA 19438
Questions? Email: sltanen@verizon.net

Name: _____ School: _____

Address: _____ City: _____

State: _____ Home Phone: (____) _____ Grade (09-10): _____ Age: _____

Parents Email: _____ Wrestler's Email: _____

Emergency Contact

Name: _____ Phone # (during day): _____

Relationship: _____ Insurance: _____

Insurance ID #: _____ Group Policy #: _____

Allergies to medicine? If yes, list: _____

Physical Limitation? If yes, list: _____

Parent/Guardian and Wrestler please read the following and sign below for participation in the clinics.

I understand that my son/daughter (listed below) is attending the wrestling clinics with my permission and at his/her own risk. The Souderton Area School District (SASD) and its staff and employees, the Souderton Area HS Booster Club (SAHSBC) and its officers, the Souderton Area Youth Wrestling Association (SAYWA) and its officers, and the clinicians and counselors shall not be held liable for any damages arising from personal injury or any other damages sustained by the wrestler during the clinic sessions. And I (parent/guardian listed below) forever exonerate and discharge the clinicians, the counselors, the SASD, the SAHSBC, and the SAYWA from any and all claims, demands, damages, rights of action or causes of action, present or future, where the same be known, anticipated or unanticipated, resulting from or arising out of the wrestler's participation in the clinic sessions and the use of the Souderton School District facilities. As the parent/guardian of the wrestler, I also grant permission for the wrestler to be treated by a licensed physician, registered nurse, certified/registered athletic trainer or emergency technician in the event of injury until I (the parent/guardian signing below) can be notified.

Wrestler's Printed Name/Signature _____

Parent/Guardian Printed Name/Signature _____

Date _____