



245 W Roosevelt Rd West Chicago, IL 60185

Building 4 Unit 29

November 1, 2019 to FR/SO State and IWCOA Girls State

**Cost**

**\$350 (Sunday practices)**

**\$450 (practice during the week and Sundays)**

Private practice \$40

**Practice Times**

Sunday

T-Shirts Size: \_\_\_\_\_

Coach Gomez will assign each wrestler to a 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. Each wrestler will be placed in the appropriate practice based on their age, size and skill level. This will optimize partnering as well as 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 and AAU Card 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 of the terms listed above

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## GREG GOMEZ TRAINED 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, referred to as GGT, 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, and no GGT Wrestling family, can not be taken to court for any reason .For no reason you will not degrade Greg Gomez Trained Wrestling in any social media forms.

**Parent/legal Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Information: All information collected is for GGT use only. Images at practice and tournament may be used to promote GGT Wrestling. Name and address are not to be 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 Payment Plan Agreement

Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

I, the undersigned parent/guardian, agree to make payments on the specified dates and the agreed upon amounts stated on the payment schedule listed below. I understand that consequences will be brought against me if the agreement is violated. This includes, but is not limited to, suspended participation in Greg Gomez Trained Wrestling. I understand that payment is limited to two payments and that a 50% deposit is due at registration . Completed payment will be due November 1, 2019

Name \_\_\_\_\_

Debit/Credit Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security code: \_\_\_\_\_

Zip code: \_\_\_\_\_

DATE OF PAYMENT	PAYMENT AMOUNT	REMAINING BALANCE

I agree that the above schedule of payments is an acceptable resolution and I will remain current with this payment plan

Team Leader Signature and Date: \_\_\_\_\_

Parent/Guardian Signature and Date: \_\_\_\_\_