



**GGT WRESTLING
2026 Off- Season
March 13- May 31, 2026**

\$475 INCLUDED UNIFORM

\$60 USA Wrestling Card

Practice: - MONDAY, TUESDAY, WEDNESDAY, FRIDAY & SATURDAY

Age: 5:00pm to 6:30pm **Saturday:** 8:00am-9:30am

Ages: Middle School/ H.S: 6:30pm to 830pm **Saturday:** 9:30am-11:00am

T-Shirts Size: _____ **Shorts** _____ **Singlet:** _____

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:** _____

GGTWRESTLING 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, St. Irene Catholic Church, 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 occurrences as 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 in any social media forms.

Parent/legal Guardian Signature: _____

Date: _____

Information: All information collected is for GGT, Geneva H.S use. 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 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: _____

