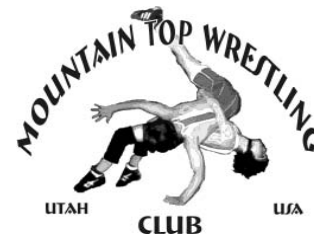


JSD Camps and Clinics
Participant Disclosure/Registration



Mountain Top Wrestling Club



Dates: February 20, 22, 27
April 3, 5, 10, 12, 17, 19, 24, 26
June 5, 7, 12, 14
March 1, 6, 8, 13, 15, 20, 22, 27, 29
May 1, 3, 8, 10, 15, 17, 22, 24, 29, 31

www.MountainTopWrestling.com • AAU Added Benefit Card Required

Tournaments to be Announced by Coach • Maximum Participants: 100 • UHSAA Tryout Implications? Yes No

Time: 6–8 p.m. **Grades:** K–Adult **Cost:** \$175

Location: Wrestling Room at West Jordan High School (8136 W. 2700 W., West Jordan)

Staff: Bill Kilpack, Richard Fay, Nick Hamilton, Zan Elder

* Sessions times/dates may change at coaches' discretion.

• Registration on the 1st Day or at Practices Thereafter •

Make Checks Payable to West Jordan High School

Submit Registration to the Main Office

West Jordan High School
8136 S. 2700 W.
West Jordan, UT 84088

For More Information Call

Bill Kilpack (801) 641-9832
Zan Elder (801) 256-5626

Mountain Top Wrestling Club K–Adult

Name of Participant _____ Male Female

Address _____

City _____ State _____ ZIP Code _____

Name of Parent or Guardian _____

Home Phone _____ Cell Phone _____ E-Mail _____

Birth Date _____ Age _____ School Grade _____

In Case of Emergency, Notify (Name) _____ Phone _____ Cell _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

Informed Consent / Waiver of Liability Agreement

- 1) Liability Release and Indemnification.** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Jordan School District and its officers, employees, and volunteers from any and all suits, claims or liabilities, including negligence based on any injury except that caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
- 2) Transportation.** I acknowledge that Jordan School District does not provide or sponsor transportation in connection with the sport(s), competition(s), practice(s) or program(s) as listed above, and that the student, or the student's parent or legal guardian will be responsible to arrange transportation for the student. I further agree to make such arrangements as a condition of the student's participation.
- 3) Emergency Treatment.** In case of an emergency involving my child, I hereby authorize Jordan School District camp/clinic program staff to act on my behalf in accordance with their best judgement, and I agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom.
- 4) Refunds.** No refunds shall be given after the first day of the program.
- 5) Collections.** In the event that my account is referred for collection, I agree to pay Jordan School District all costs incurred, together with reasonable attorney's fees.
- 6) Equal Opportunity.** Jordan School District provides equal opportunity to participate regardless of race, creed or gender and will, upon request, provide reasonable accommodations to individuals with disabilities.

By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.

Signature (Parent or Legal Guardian)

Date

Signature of Participant