

HMS SUMMER WRESTLING 2019

- WHEN June 4th – July 18th (Tuesday, Wednesday, & Thursday)
- WHERE **Haysville West Wrestling room**
- TIME 6/4 - 6/27 11:15-12:30
7/9 – 7/18 10:30-12:30
- WHO 4th- 8th grade boys and girls interested in wrestling, in the Haysville area

Cut along line and return by Thursday, May 16, 2019

Name: _____ Grade for 2019-20 Season _____ Phone # _____

Email: _____

I/We being the parents' and/or legal guardians of the applicant authorize the Wrestling Coaches and its agents' permission to request emergency medical treatment or care as necessary to insure the well-being of our child/dependent.

Parent/Guardian Consent: _____ Date: _____

I/We hereby request that you accept the application for the enrollment of above said student athlete in the 2019 Summer Wrestling Program. With consideration of your acceptance of the applicant, we/I hereby release USD 261, Haysville Middle School and all employees of the Haysville Middle School from all claims on accounts of injuries which may be sustained by my son & daughter while attending the Haysville Summer Wrestling Program: and we/I agree to indemnify USD 261, Haysville Middle School and the Summer Wrestling program staff for any claims which may hereafter be presented by our/my son/daughter as a result of such injuries.

Parent/Guardian Consent: _____ Date: _____

Phone Number to be contacted, in case of emergency, during the Summer Wrestling:

Return to: Coach Vornes, or the office at Haysville Middle School
900 West Grand
Haysville, KS 67060