



**TEAM ROYAL REGIME
WRESTLING CLINIC
SIGN UP FORM**
WrestlingClub.RoyalWrestling.org

Location and Mailing Address
Team Royal Wrestling
Royal High School
1402 Royal Ave.
Simi Valley, CA 93065

USAW#

USAW if you plan to compete

SCWAY#

SCWAY if you do not want to compete

WRESTLER'S NAME: _____

PARENT GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

BEST PHONE: _____ EMAIL: _____

BIRTH DATE: _____ GRADE: _____ WEIGHT: _____

T-SHIRT: YOUTH ADULT: S M L XL XXL

Shirts for fans & family (\$17 each): Sizes and Quantities: _____

EXPERIENCE LEVEL

None

Beg. (1 yr. or less)

Interm. (1 to 2 yrs.)

Adv. (3 yrs. and up)

INJURIES/LIMITATIONS?

GOALS/COMPETITIVE ASPIRATIONS?

NOTES

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TEAM ROYAL REGIME WRESTLING CLINIC Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself,
PARENT OR LEGAL GUARDIAN

my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE TEAM ROYAL WRESTLING CLINIC and/or SIMI VALLEY UNIFIED SCHOOL DISTRICT., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Team Royal Wrestling Clinic, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any Team Royal Wrestling Clinic sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any Team Royal Wrestling Clinic sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that Team Royal Wrestling Clinic sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any Team Royal Wrestling Clinic sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any Team Royal Wrestling Clinic sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time. I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

WRESTLER'S NAME (PRINT): _____

The undersigned _____ does hereby represent that he/she is, in fact, the
(PARENT/GUARDIAN)
parent or legal guardian of _____ and acting in such capacity agrees to the
(WRESTLER'S NAME)
terms and conditions of the above stated waiver and release.

Signature of Parent or Legal Guardian

Date

Print Name

Relationship to Minor



TEAM ROYAL REGIME WRESTLING CLINIC

Information sheet - KEEP FOR FUTURE REFERENCE

Website: WrestlingClub.RoyalWrestling.org

Practice Location: Royal High School Wrestling Room
1402 Royal Ave., Simi Valley, CA 93065
Director: Richard Carrillo (805) 404-9764

TEAM ROYAL REGIME WRESTLING CLINIC Provides skilled instruction in Folkstyle, Freestyle, and Greco-Roman wrestling for kids. Team Royal is sanctioned and chartered by the California Chapter of USA Wrestling (USAW) and the State of California Wrestling Alliance for the Youth (SCWAY), the two major governing bodies for wrestling in America and California respectively.

Team Royal welcomes kids of all skill levels. (ages 5-14). Our experienced coaching staff will work with each individual to learn proper technique, sportsmanship, and self-discipline through the sport of wrestling. We stress safety, encourage a competitive spirit, and above all...fun.

REQUIREMENTS FOR PARTICIPATION

Grades K to 8 --- Completion of Waiver/Release form --- Membership in USAW or SCWAY

ONE-TIME (per season) Team Royal uniform fee which includes: 1 Club T-shirt, 1 pair of Club shorts (practice uniform), a competition singlet, health & safety supplies, and a supplemental medical insurance policy for USAW covering injury at a sanctioned event or practice. (USAW Athlete and coach memberships carry a Secondary Sports Accident Insurance policy in effect at a sanctioned event or chartered club practice only. There is a \$500.00 deductible and an 80/20% coverage up to \$2,000.00 out of pocket & then will be 100% coverage (not including the \$500 deductible) in a benefit period which runs from September 1 to August 31.)

\$180 before Dec. 12, 2019.....\$220 after Dec. 12, 2019.

Make check payable to Royal Wrestling (all proceeds support Royal HS Wrestling)

PRACTICE UNIFORM:

Wrestling shoes -- Clean Shorts & Club T-Shirt -- Headgear --- Singlet -- Knee pads (optional)

PRACTICE SCHEDULE

January 13, 2020 to May 6, 2020

No Practice on SVUSD school holidays: Jan. 20, Feb. 17, Mar. 23, 25, Apr. 13

Mon. & Wed. Grades K-4 (5:30-6:30). Grades 5-8 (6:30-8:00)

Royal High School Wrestling Room (next to stadium, south end of of the gym)

TOURNAMENT SCHEDULE & FEES

A tournament schedule will be published with tournaments that coaches will attend to coach the members of the Team Royal Regime who are ready to compete. Entry fees of approx. \$5 to \$15 per tournament are NOT covered by Team Royal. Transportation to and from these events are also the responsibility of the athletes and their families and should be arranged accordingly. Caravans and carpools may be arranged by participants. Scheduled competitions are either USAW or SCWAY sanctioned and it is recommended that wrestlers join both organizations to have the most opportunities for competition.