JSD Camps and Clinics

JORDAN SCHOOL DISTRICT

Mountain Top Wrestling Club

MOUNTAIN TOP WRESTLING UTAH USA CLUB

Dates: **February 16, 21, 23, 28** **March 2, 7, 9, 14, 16, 20, 21, 23, 27, 28, 30**
April 3, 4, 6, 10, 11, 13, 17, 18, 20, 24, 25, 27 **May 2, 4, 9, 11, 16, 18, 23, 25, 30**
June 1, 6, 8, 13

www.MountainTopWrestling.com • AAU Added Benefit Card Required

Tournaments to be Announced by Coach

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

Location: **Wrestling Room at Copper Hills High School (5445 W. New Bingham Hwy, West Jordan)**

Staff: **Bill Kilpack, Richard Fay, Scott Pace, Jeff Humpherys**

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

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

Make Checks Payable to Copper Hills High School

Submit Registration to the Main Office
Copper Hills High School
5445 W. New Bingham Highway
West Jordan, UT 84081

For More Information Call
Bill Kilpack (801) 641-9832
Jeff Humpherys (801) 870-3418

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) **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.
3) **Refunds.** No refunds shall be given after the first day of the program.
4) **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.
5) **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**

All camp and clinic documentation and financial records must be kept on file at the school for a period of four (4) years.