

PONCE
Trained Wrestling



Eden Prairie and Area Wrestlers Grades K-12

Train through the fall and prepare for winter season with Coach Ponce on Saturday afternoons.

About P.T.W

Coach Orlando Ponce - 3x NCAA DIII Finalist & All-American, 10 years of K-12 coaching experience, 4 years on Augsburg College Wrestling Staff, 2010 & 2015 NCAA DIII National Championship Team Member, B.A. in Physical Education-Augsburg College '13

Schedule

8 Saturday 12:00 – 1:30 PM Sessions
Sept. 26th, Oct. 3rd, 10th, 17th, 24th, 31st, Nov. 7th, & 14th

Location

Eden Prairie High School Wrestling Facility
17185 Valley View Rd; Eden Prairie, MN 55346

Cost

\$125 for all sessions and PTW t-shirt, \$25 deduction for any additional wrestler per family

PONCE TRAINED WRESTLING
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REGISTRATION FORM

Athlete/s First Name: _____ Last: _____

Nick Name/s: _____ DOB: _____ Grade: _____

School: _____ Club Team: _____ Shirt Size: **(Circle One)** Youth S M L XL -or- Adult S M L XL

Club Coach: _____ Years of Experience: _____ Valid MN/USA Wrestling Membership #: _____

Parent/Guardian First Name: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Mobile: _____

E-mail Address: _____

Contact Preference: **(CIRCLE)** Phone# _____ Mobile# _____ E-mail _____

Primary Emergency Contact First Name: _____ Last: _____

Relationship to Athlete: _____ Home #: _____

Mobile: _____ Preference: **(Circle)** Home# _____ Mobile# _____

Secondary Emergency Contact First Name: _____ Last: _____

Relationship to Athlete: _____ Home #: _____

Mobile: _____ Preference: **(Circle)** Home# _____ Mobile# _____

I, _____, agree to pay \$125.00 (or adjusted price) for the athlete/s listed above.
(Make Checks Payable to: Orlando Ponce. Payments can be provided at time of practice, or paid online @ www.ponctrainedwrestling.com)

Parent/Guardian Signature: _____ Date: _____

Print Full Name: _____



WAIVER CONSENT, RELEASE OF LIABILITY, AND CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. By accepting this agreement and participating in Ponce Trained Wrestling Eden Prairie Saturday Sessions, you agree that you understand that there is a risk of injury in participating in any sport, including Wrestling. This risk of injury includes but is not limited to a risk of serious permanent injury, paralysis, and death.

Your agreement indicates that you understand that your child should not participate in the Ponce Trained Wrestling Eden Prairie Saturday Sessions if: he or she is currently under the care of a physician for and injury or illness that would prevent his/her safe participation in Wrestling events; he or she is currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in Wrestling events; your child has a history of fainting or other problems related to strenuous exercise; or your child is not in good health or has some other reason he or she should not participate in strenuous physical exercise.

To minimize the risk of injury, you agree to tell your child to obey all safety rules and to report fully any problems related to his/her physical condition to the Ponce Trained Wrestling Eden Prairie Saturday Sessions coaches as soon as the problem begins.

2. By accepting this agreement, you certify the following:

- That you are the parent or legal guardian of the child (athlete) named below.

- That your child is not currently under the care of a physician for and injury or illness that would prevent his/her safe participation in the Ponce Trained Wrestling Eden Prairie Saturday Sessions.

- That your child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in the Ponce Trained Wrestling Eden Prairie Saturday Sessions.

- That your child has no history of fainting or other problems related to strenuous exercise.

- That your child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

- That your child has a valid USA/MN Wrestling Membership, current for the 2015-2016 year.

- That you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating in the Ponce Trained Wrestling Eden Prairie Saturday Sessions.

Insurance Carrier: _____ Policy Number: _____

3. CONSENTS:

1. By indicating your acceptance of this agreement, you hereby give permission for Orlando Ponce and Ponce Trained Wrestling Eden Prairie Saturday Sessions employees and agents to obtain medical treatment for your child in the event of accident or illness during his/her time at Ponce Trained Wrestling Eden Prairie Saturday Sessions.

2. By indicating your acceptance of this agreement, you hereby give consent to have your child be photographed or videoed during camp activities, and you agree that the images obtained may be used for educational and public relations purposes by the Ponce Trained Wrestling Eden Prairie Saturday Sessions.

RELEASE:

1. By indicating your acceptance to this agreement, you do hereby agree that you are and shall be responsible for all costs associated with any injury, illness, damage, expense, claim, or loss that may be sustained by your child as a result of his or her participation in the Ponce Trained Wrestling Eden Prairie Saturday Sessions. You also certify that you have health insurance and a valid USA/MN Wrestling Membership current for the 2015-2016 year which provides adequate coverage for injuries or illness your child may sustain while participating in the Ponce Trained Wrestling Eden Prairie Saturday Sessions.

2. By indicating your acceptance of this agreement, you also agree to release and promise not to sue Ponce Trained Wrestling, Orlando Ponce, or the officers, employees, or agents, for any injury, illness, damage, expense, claim, loss, injury, or death arising from, resulting from, or in any way caused by your child's participation in the Ponce Trained Wrestling Eden Prairie Saturday Sessions.

BY SIGNING BELOW YOU ARE INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER, AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Guardian Signature: _____ Date: _____

Print Full Name: _____

Print Full Name of Athlete/s: _____