

GEORGE MASON THANKSGIVING WEEKEND WRESTLING CLINIC
FEATURING THE ENTIRE TEAM AND STAFF
SATURDAY, NOVEMBER 26, 2011 AT THE GEORGE MASON
UNIVERSITY FIELD HOUSE
12PM – 1230PM CHECK IN
1230PM-230PM CLINIC
230PM-330PM OBSERVE TEAM PRACTICE
ALL AGES AND ABILITIES WELCOME TO ATTEND
COST \$20 PER PARTICIPANT (preregistered)
Or \$30 AT THE DOOR

Make checks payable to: George Mason University

Mail checks and registration to:

George Mason Wrestling, MS3A5, 4400 University Drive, Fairfax, VA 22030

Questions call Joe Russell at 703/993-3299 or email jrusse13@gmu.edu

Name _____

Address _____

Email _____

Phone _____

Parents: Please read and sign

- 1) My child has permission to attend the George Mason University Wrestling Clinic
- 2) I have no knowledge of any physical impairment that would affect or be affected by my child's participation.
- 3) I acknowledge that at the clinic my child will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where they may incur a risk of injury.
- 4) I specifically, fully and forever, waive and release George Mason University and staff from liability and claims for damages my child may sustain at the clinic and in their travel to and from said clinic.
- 5) In the event of an emergency in which my child requires medical care, I authorize the staff of the George Mason University to obtain, for them, necessary medical treatment.

Drug Sensitivities: _____

Other Allergies: _____

Insurance Co: _____

Policy Number: _____

Emergency Phone Number: _____

Parent/Guardian Signature _____