

# 2011 Spring Registration **MILE HIGH**

WRESTLING CLUB



## HS Groups:

Monday & Wednesday at Brighton HS 4:30pm-6:00pm  
 Tuesday & Thursday at Pine Creek HS 6:00-7:30pm  
 Tuesday at Grandview HS at 6:30pm-8:00pm

## Youth Groups:

Monday at Brighton HS 6:00pm-7:30pm  
 Thursday at Grandview HS 6:30pm-8:00pm  
 Sunday at Grandview HS 12:30pm-2:30pm

Please be certain that Emails are legibly written to be sure to get any information that we periodically send.

Wrestler's Name \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's Cell \_\_\_\_\_

Parent's Email \_\_\_\_\_

Wrestler's Cell \_\_\_\_\_

Wrestler's Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Approx Weight \_\_\_\_\_

School/Club \_\_\_\_\_

Grade in school \_\_\_\_\_

Shirt Size (circle one)

YS YM YL XS S M L XL XXL



----- This section will be cut off and destroyed after the information is processed -----

Name on Card: \_\_\_\_\_

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_  
 \_\_\_\_\_ Visa CVC code (three digit code on back of card) \_\_\_\_\_  
 \_\_\_\_\_ Discover Expiration Date \_\_\_\_\_  
 \_\_\_\_\_ Mastercard

Cards will be charged once per month in April, May, June and July

## Payment Fees:

**Youth Wrestler: \$65/month**

**HS Wrestler: \$85/month**

I verify that my son is physically able to participate in the 2011 Spring Session with Mile High Wrestling Club. In case of emergency I release MHWC, it's staff, USA Wrestling, Grandview HS, Brighton HS, & Pine Creek HS from any and all liability resulting from injuries while participating in the program. I understand there is no refund for registration fee to MHWC if parent/guardian or athlete should cancel application or fail to attend. The wrestler participating in MHWC does so at his own risk. MHWC, nor it's staff shall be held liable for any damages arising from personal injury sustained by an individual participating in the program.

**\*\*\*\*Wrestlers must purchase a USA Wrestling Card and provide proof thereof to be eligible to participate in MHWC\*\*\*\***

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

USA Wrestling Card # \_\_\_\_\_

## Mail Registration Info to:

Mile High Wrestling Club  
 5340 Sheridan Blvd  
 Arvada, CO 80002

**NO CHECKS PLEASE**