



32A E. Carl St  
Hicksville, NY 11801  
917-449-6098  
[www.ascendwrestling.com](http://www.ascendwrestling.com)

We are now accepting applications for the **2017 Ascend Fall High School (grades 7-12) Season.**

Please come down any time before practice to register (Schedule below).

**\*\* Registration begins the day you register! \*\***

Fall Practice Schedule:

**Monday, Tuesday, Wednesday, Thursday 7:00p - 9:00p, Sunday 11:00a - 1:00p for All Members.**

Please call or text 917-449-6098 or email [craig@ascendwrestling.com](mailto:craig@ascendwrestling.com) for more information regarding **pricing packages**. We offer **team discounts** for 5 or more.

Also to save time please print and fill out downloadable form at the bottom of the membership section of our website. <http://www.ascendwrestling.com/membership.html>

Wrestlers must have a valid USA Wrestling card.

**\*\* All USA Wrestling Cards expired as of August 31, 2017. Current USAW cards are mandatory. Please make sure that if you have not already renewed your USAW membership for the 2017-18 year that you do so before attending Ascend. \*\***

You can apply for a USA Wrestling card here:

<https://www.usawmembership.com/>



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NAME (print): \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

USA WRESTLING CARD NUMBER: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate at Ascend Wrestling Club. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by club authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the Ascend Wrestling Club, its officers, coaches, and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

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

Parent/Guardian Signature