



## **Vougar's Honors Wrestling In Suffolk County!**

### **12 Week HIGH SCHOOL/MIDDLE SCHOOL SPRING CLINIC** **@Sachem East Grades 7-12**

**When:** February 28<sup>th</sup> – May 25<sup>th</sup> Tues & Thurs 7:30 - 9:00

**Cost:** will be \$300 for 12 weeks/3 Month Period

### **8 WEEK YOUTH SPRING CLINIC @SACHEM EAST GRADES 1- 6**

**When:** February 28<sup>th</sup> – April 27<sup>th</sup> Tues & Thurs 6:00 – 7:15

**COST:** Will be \$225 for 8 weeks/2 Month Period

**Where:** Sachem East High School

#### **Clinicians:**

Vougar Oroudjov (2x World Champion, Olympic Bronze)

Isaac Ramaswamy (2x Greco National Champion)

Carlos Restrepo (DIV III All-American & National Finalist)

**Pre Registration: Mail Check payable to VHW with registration form on back of page to 126 Rosemont Ave Farmingville NY 11738 to secure your spot!**

**ON SITE REGISTRATION: February 28<sup>th</sup> & March 2<sup>nd</sup> FROM 5:30-7:30**

**Contact Carlos Restrepo [Losadios125@gmail.com](mailto:Losadios125@gmail.com) CELL 631-748 -8616**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT**

**I Optional Secondary Insurance Information**

**Coverage for members of USA Wrestling (Go to: [www.usawmembership.com](http://www.usawmembership.com) to sign up for annual membership).**

• \$50,000 maximum Accident Medical Expense benefit limit with following sub-limits:

- Accidental Dental – \$50,000
- Physical Therapy – \$50,000
- Orthopedic Appliance – \$50,000

If you're not sure what level of membership you hold, please login to your account at [www.usawmembership.com](http://www.usawmembership.com) or call our membership department at (719) 598-8181

• **Claims must be filed with primary medical carrier first (if applicable)**

• **There is a \$500 out-of-pocket deductible per injury.**

- **Payments made by insurance do not apply to your deductible**

- Out-of-pocket payments that apply to your primary insurance deductible count toward secondary sports accident deductible

• Coinsurance rate is 80% / 20% on the first \$10,000 after the deductible. Thereafter, claims are paid at 100% up to the maximum benefit amount.

• Maximum out-of-pocket expense is \$2,500 per injury (\$500 deductible + \$2,000 coinsurance)

**II MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)**

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

I ALSO UNDERSTAND AND AGREE THAT THE SACHEM CENTRAL SCHOOL DISTRICT AND ITS FACILITIES/ADMINISTRATION/EMPLOYEES ARE NOT AFFILIATED WITH AND BEAR NO RESPONSIBILITY TO ANY COMMUNICATIONS AND/OR OCCURENCES STEMMING FROM OR RELATED TO ACTIVITIES CONDUCTED BY ANY INDEPENDENT ORGANIZATIONS.

NAME OF PARTICIPANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_