



When: Tuesdays and Thursdays, Grades: 1-12

Dates March – 11, 13, 18, 20, 25

April – 1, 3, 8, 10, 24, 29

May – 1, 6, 8, 13, 15, 20, 27, 29

June – 3, 5

Time: 6:00 – 8:00 pm

Cost: \$300 Total (\$150 due at registration, balance of \$150 due May 1). (must have a USA wrestling card)

Place: St. Anthony's High School – 275 Wolf Hill RD. S. Huntington, NY 11747

(Make Checks Payable to Quiet Storm East)

For Additional Information please contact Tony Walters @ massivetw@hotmail.com or

631-872-4348.

NAME: _____ GRADE: _____

DATE OF BIRTH ____/____/____

ADDRESS: _____

TOWN: _____ ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE #: (____)-____-____

EMERGENCY CONTACT NAME: _____ EMERGENCY #: (____)-____-____

USA CARD #: _____ APPROX. WEIGHT: _____ WRESTLING EXPERIENCE _____ yrs.

T-Shirt Size (Please circle one) YS – YM – YL – AS – AM – AL – AXL

Parent/ Guardian Medical Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections. You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises. You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity. Name: _____

Date: ____/____/____ Signature _____