

# ADVANTAGE Wrestling Academy

## Membership Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Years of experience \_\_\_\_\_ School/Team \_\_\_\_\_

Greatest achievement \_\_\_\_\_

Are you a current USAWrestling NJ Member? Y \_\_\_\_\_ N \_\_\_\_\_

If no, you will need to join/rejoin. Membership to USAWNJ is \$25 and renews every September. Make separate check payable to USAWrestling NJ.

### Liability Waiver:

I absolve Advantage Wrestling Academy, its coaches and staff, the SPA Fitness Center and its staff and anyone involved directly or indirectly with these facilities from any liability for injury or illness suffered by me or my dependant in connection with the use of the SPA facilities, and Advantage Wrestling facilities. If I or my dependant should suffer an injury or illness as a result of our use of the SPA facilities and Advantage Wrestling facilities, I authorize the management of the SPA Fitness and/or Advantage Wrestling to use their discretion to have me or my dependant transported to a medical facility and I take full responsibility for this action.

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_ Date \_\_\_\_\_

Emergency phone # \_\_\_\_\_

### Office use only:

Level \_\_\_\_\_

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

Full \_\_\_\_\_ Partial \_\_\_\_\_