

# THE COUGAR WRESTLING CLUB

## ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK

I WISH TO PARTICIPATE IN THE COUGAR WRESTLING CLUB SPONSORED ACTIVITIES OF SPRING & SUMMER FREESTYLE/GRECO WRESTLING. I UNDERSTAND AND ACKNOWLEDGE THAT THESE ACTIVITIES, BY THEIR VERY NATURE, POSE THE POTENTIAL RISK OF SERIOUS INJURY/ILLNESS TO INDIVIDUALS WHO PARTICIPATE. I UNDERSTAND AND ACKNOWLEDGE THAT SOME OF THE INJURIES/ILLNESSES WHICH MAY RESULT FROM PARTICIPATING IN THESE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

1. SPRAINS/STRAINS
2. FRACTURED BONES
3. UNCONSCIOUSNESS
4. HEAD AND/OR BACK INJURIES
5. A VARIETY OF GENERAL SPORTS ILLNESSES & INJURIES

I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THESE ACTIVITIES, I AGREE TO ASSUME LIABILITY AND RESPONSIBILITY FOR ANY AND ALL POTENTIAL RISK WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH ACTIVITIES. I UNDERSTAND, ACKNOWLEDGE, AND AGREE THAT THE COUGAR WRESTLING CLUB, QUIMBY OAK MIDDLE SCHOOL, ITS EMPLOYEES, OFFICERS AGENTS, OR VOLUNTEERS SHALL NOT BE LIABLE FOR ANY INJURY/ILLNESS SUFFERED BY MY SON OR DAUGHTER WHICH IS INCIDENT TO AND/OR ASSOCIATED WITH PREPARING FOR AND/OR PARTICIPATING IN THE ACTIVITIES). UNLESS OTHERWISE ADVISED, I UNDERSTAND THAT I AM RESPONSIBLE FOR MY OWN TRANSPORTATION TO AND FROM THE ACTIVITIES) AND THE COUGAR WRESTLING CLUB ASSUMES NO LIABILITY FOR LOSS OR UNJURY RESULTING FROM MY TRANSPORTAION. ALTHOUGH THE CLUB MAY ASSIST IN COORDINATING THE TRANSPORTATION ANY ASSISTANCE AND/OR RECOMMENDATION PROVIDED IS NOT MANDATORY. IF THE CLUB IS PROVIDING TRANSPORTATION BUT I DO NOT USE THE TRANSPORTATION, I AM RESPONSIBLE TO MAKE MY OWN TRANSPORTATION ARRANGEMENTS AND THE CLUB ASSUMES NO RESPONSIBILITY OR LIABILITY OF ANY KIND.

I HAVE NO KNOWN MEDICAL CONDITION WHICH MAY POSE A RISK TO THE HEALTH AND SAFETY OF MY SON OR OTHERS BY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY(IES). MY LEGAL GUARDIAN AND I ACKNOWLEDGE THAT WE HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK FORM AND THAT MY SON, DAUGHTER AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
ATHLETE SIGNATURE

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE:

# THE COUGAR WRESTLING CLUB

CWC: 3190 QUIMBY RD., SAN JOSE, CA 95148

(408) 910-5835 & (408) 348-2169

**WWW.COUGARWC.NET**

An East Side Club Since 2001



Club Mission:

Expose, develop and maintain interest in amateur wrestling.

# THE COUGAR WRESTLING CLUB

**MISSION:** To Develop kids & Wrestling in East Side San José

**OBJECTIVE:** Our goal is to provide an age appropriate introduction to amateur wrestling. We intend to develop the total athlete and person. To provide kids an opportunity to develop physically, mentally and socially. This program will provide them with the option of specializing in a specific sport in high school if they so desire. We utilize a game centered approach to teaching wrestling. Competition is not emphasized. Practice sessions include: social and skill development, strength work, conditioning, position drills, game centered activities and live wrestling.

## **CURRICULUM:**

### ***Elementary School Level***

\*Basic motor, social and personal development.

\*A game centered approach to wrestling.

### ***Middle School Level***

\*Beginning to intermediate physical fitness.

\*Become familiar with basic freestyle and Greco-Roman tech.

\*A game and skill approach to wrestling.

**WHEN:** Tuesdays/Thursdays 4:00-5:30 pm  
Begins: Tuesday February 24<sup>th</sup> @ 4:00pm.

**WHERE:** Quimby Oak Middle School-Rm. #1.  
3190 Quimby Rd.  
San José, CA 95148

**COSTS:** \$135 Club fee includes: enrollment and instruction for  
\*USA Wrestling Competitor's Membership Card (\$30 value)  
\*Experienced & qualified instruction  
\*4 months Feb-May  
\*Team socials  
Direct cash & checks to: **Sam Spengler**

**STAFF:** Sam Spengler Ricardo García  
Quimby Oak M.S. Junipero Serra H.S.  
MMA Fighter, 3<sup>rd</sup> State H.S. NCAA Qualifier  
(408) 348-2169 (408) 910-5835  
samspengler@hotmail.com ricogarcia@earthlink.net

# THE COUGAR WRESTLING CLUB

## ATHLETE EMERGENCY CARD

\_\_\_\_\_  
USAW #

Fee  
T-shirt size:  
Short size:

\_\_\_\_\_  
Last name (Print)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Date of birth (mm-dd-yy)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade (K-12)

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Mother's name

\_\_\_\_\_  
Work phone number Cell phone number

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Work phone number Cell phone number

**In case of emergency contact (Please call the following people if the parents can not be reached.)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number

## **Insurance**

\_\_\_\_\_  
Medical Insurance Co.

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Policy number

**Allergies or limitations:**