

# GEORGE MASON UNIVERSITY FALL WRESTLING CLINIC

FEATURING: 3x All-American Kevin Steinhaus and the George Mason University Wrestling Team

**Where:** George Mason University Field House

**When:** Saturday, October 15

**Time:** 9 – 930am Check In

**9:30 – 11am Clinic**

**11 – 12:30pm Observe Team Practice**

ALL AGES AND ABILITIES WELCOME TO ATTEND

COST \$20 PER PARTICIPANT or \$15 PER PERSON FOR GROUPS OF 10+ (preregistered) or \$30 AT THE DOOR (Coaches and Parents are Free)

Make checks payable to: George Mason University Mail checks and registration to:

George Mason Wrestling, MSN3A5, 4400 University Drive, Fairfax, VA 22030

Questions call Joe Russell at 703/993-3299 or email [jrusse13@gmu.edu](mailto:jrusse13@gmu.edu)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Parents: Please read and sign**

- 1) My child has permission to attend the George Mason University Wrestling Clinic
- 2) I have no knowledge of any physical impairment that would affect or be affected by my child's participation.
- 3) I acknowledge that at the clinic my child will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where they may incur a risk of injury.
- 4) I specifically, fully and forever, waive and release George Mason University and staff from liability and claims for damages my child may sustain at the clinic and in their travel to and from said clinic.
- 5) In the event of an emergency in which my child requires medical care, I authorize the staff of the George Mason University to obtain, for them, necessary medical treatment.

**Drug Sensitivities:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

**Insurance Co:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_