

AVENGERS MAT CLUB

WWW.AVENGERSMATCLUB.COM

Spring 2006 Session

For all wrestlers (all skill levels and ages)

March 20, 2006 - June 5, 2006

Mondays & Wednesday 6:00-8:00pm

(except school closings, early dismissals and holidays)

@ Upper Perk High School



For only \$20 more, become double-rostered on

Team Grizzly Wrestling Club @ Boyertown and gain access to all practices and instructional clinics at Boyertown (on Tuesdays & Thursdays)

2005 CLINICIANS

Kerry McCoy - 2000 Olympian, 2x NCAA Champion, 4x World Cup Champion, 3x U.S. Freestyle Champion

Chris Ayres - NCAA All-American, EIWA Champion, US National Team

Dale Bonsall - Head Coach of Renegades Wrestling Club

Terry Daubert - Head Coach at Northampton HS (PIAA Champions in 2003 & 2004, 9 PIAA Individual Champs)

Steve Klass - Head Coach at Winged Foot Wrestling Club, 2x PIAA medalist, 2nd place HS Nationals

Biff Walizer - 2x PIAA State Champion, NCAA All-American, Cadet National Freestyle Champion

Joe Boardwine - 2x Ohio State Champion, former Head Coach University HS, NHSCA Assoc. Executive Director

Steve Harner - Asst. Coach at Williamson Trade School, former Head Coach Norristown HS

Pete Horst - PIAA State Champion, NCAA All-American for Old Dominion University

Sean Howard - Ursinus College wrestler, 2001 Upper Perk graduate

Tom Hontz - Upper Perk HS Head Coach, 1985 PIAA Silver Medalist for Quakertown HS.

and more great clinicians and coaches. 2006 promises to be even better!

Registration fee also includes several scrimmages/dual meets with other wrestling clubs in the area (TBA) as well as entrance to all sessions at Upper Perk. Check

www.AvengersMatClub.com for schedule updates and other important information.

The Avengers Mat Club is designed to provide opportunities for area wrestlers to improve their technique and skills while training them to reach their potential. Avengers wrestlers will learn from top quality clinicians, local coaches and wrestlers.

Avengers Mat Club Members Receive a Free T-Shirt if registered by April 1st

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NHSCA Sports Network / 25 Fairhill Drive / Alburtis, PA 18011

Email: info@NHSCAsportsnetwork.com / Phone: 610-597-5842 / Fax: 610-871-0412

AVENGERS MAT CLUB	Price Each	Qty	Total
Avengers Wrestling Registration Fee <i>(Includes Insurance, participation in all instructional clinics, live wrestling sessions, scrimmages & dual meets @ UP HS and t-shirt if registered by 4/1/06)</i>	\$80.00		
Optional			
Team Grizzly Wrestling Club @ Boyertown - become double-rostered and includes entrance to all practices and instructional clinics held at Boyertown.	\$20.00		
USA Wrestling Card	\$30.00		
Avengers T-Shirts <i>(indicate qty of each size)</i> White: YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ Gray: YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ <i>* first t-shirt is free with registration if registered by March 20th*</i>	\$12.00		
Avengers Longsleeve T-Shirts <i>(indicate qty of each size)</i> White: YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ Gray: YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___	\$15.00		
Avengers Hooded Sweatshirt <i>(indicate qty of each size)</i> White: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ Gray: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___	\$30.00		
Avengers Golf Shirts <i>(indicate qty of each size)</i> White: YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ Gray: YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___	\$24.00		
Avengers Mesh Workout Shorts <i>(indicate qty of each size)</i> Gray: S ___ M ___ L ___ XL ___ XXL ___	\$25.00		
Avengers Cotton Workout Shorts <i>(indicate qty of each size)</i> Gray: S ___ M ___ L ___ XL ___ XXL ___	\$20.00		
Workout T-Shirts <i>(indicate qty of each size)</i> YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ <i>*these are leftover t-shirts from various tournaments and events, no guarantees on which event you receive *</i>	\$5.00		
Discount for Families of Two or More Wrestlers <i>* All families members must mail all registration forms together in order to receive \$5.00 discount each. *</i>	-\$5.00		
*** Items will be distributed at the Avengers sessions. ***			Total
Mail to: NHSCA Sports Network Make Checks payable to: NHSCA Sports Network 25 Fairhill Drive Alburtis, PA 18011 <i>Or give checks & registration forms to Coach Hontz or Coach Burychka</i>			

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email Address: _____ **HS Grad Year:** _____ **Birth Date:** _____

Age: _____ **Weight:** _____ **School:** _____

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Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the _____
Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in
admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below
_____ activity or event, he or she should inspect the facilities and equipment to be
used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to
participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid
the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understands and acknowledges that:

(a) There are risks and dangers associated with participation in _____ events
and activities, which could result in bodily injury partial and/or total disability, paralysis and death.

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be
severe.

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or
negligence of others, including, but not limited to, the Releases named below.

(d) There may be other risks not known or are not reasonably foreseeable at his time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or
death, however caused and whether caused in whole or in part by the negligence of the Releases named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the _____
facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the
_____ event or program, premises and event inspectors, underwriters, consultants and others who
give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the
_____ facility or events held at such facility and each of them, their directors, officers, agents,
employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal
representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY
CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE
PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED
IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledges that THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS and involve the risk of serious injury
and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE
COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be
as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held
invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant execute
this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal
guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them
harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT
FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY
SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Event _____

Parent or Guardian Signature (if minor) _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

Address of Participant _____

Received by _____

Registrar Signature

Printed Name

Member #

Region on File

Date