



APPLICATION

HIGH SCHOOL

Fall Folkstyle: September 1 - October 27
Tue & Thu 6:00-7:30 pm
November 1 - February 22
Wednesdays from 6:00-7:30 pm

Spring Freestyle: February 28 - April 29
Tue & Thu 6:00-7:30 pm

Cost: \$75

KIDS/NOVICE

Fall Folkstyle: November 1 - February 5
Tue & Thu 6:00-7:00 pm Beginners
Tue & Thu 7:00-8:15 pm Advanced

Spring Freestyle: February 28 - April 29
Tue & Thu 6:00-7:30 pm

Cost: \$75 for one session \$125 for both

ALL WRESTLERS WILL NEED A \$41 USA WRESTLING MEMBERSHIP

Send application with payment to:

Orange Crush Wrestling Club
PO Box 882
Corvallis, Oregon 97339

Scholarships or other arrangements can be made for individuals who demonstrate the need.

Check website for schedule at:

PERSONAL INFORMATION

Name _____
Home Address _____
City _____ State ____ Zip _____
Parent or Guardian _____
Phone: Home ____ / ____
Cell ____ / ____
Work ____ / ____
Email _____ / _____
Birth Date _____
Age ____ Weight Class _____ Years of Experience _____
School Attending _____ Grade _____

HEALTH INFORMATION

This must be completed in order to process any application!

Health Insurance Company _____
Policy Number(s) _____
Family Physician _____

1. Date of last Tetanus shot _____
2. Date of last MMR (measles, mumps, rubella) immunization. _____ Was this a second immunization? __ yes __ no
3. Does the participant have any significant allergies?

4. Will the participant be taking any medications while attending the session? __ yes __ no If yes, what (name and dose).
_____ Are there

special considerations regarding this medication? __ yes __ no (Please attach additional instructions as necessary.)

5. Does the participant have any current or past history of a significant health problem (eg, diabetes, epilepsy, etc)?
__ yes __ no. If yes, please describe.

I approve of my child's attendance at ORANGE CRUSH WRESTLING CLUB and certify that within the past three years he/she has had a physical examination and that he/she is in good health and able to participate in all ORANGE CRUSH WRESTLING CLUB activities. If medical attention is required for illness or injury while attending ORANGE CRUSH WRESTLING CLUB, I give my permission for such care and I hereby waive and release the ORANGE CRUSH WRESTLING CLUB staff and Oregon State University of all liability for any illness or injuries which may occur. I understand that any wrestler who does not abide by ORANGE CRUSH WRESTLING CLUB rules and regulations is subject to dismissal without reimbursement or recourse, and the damage to facilities will be assessed to those responsible.

Signature

Parent/Guardian Signature Date

IF AN APPARENT SKIN INFECTION IS DETECTED, WRESTLER WILL NOT BE ALLOWED TO PARTICIPATE UNTIL IT IS CLEARED UP.

www.orangecrushwrestling.org