

HUGHES UPPER WEIGHT CLUB

Fall PRACTICE SCHEDULE 2018 Start Date: 10/17

Hofstra Wrestling Room

Hofstra Wrestling 243 Physical Education Building,
230 Hofstra University, Hempstead, NY 11549. It is
on the second floor of building. Right at the top of
the steps.

Wednesday and Friday

- 6:30pm- 8:00pm

Wrestling, Training and Technique is Specifically Targeted to Upper weights

COACH

Mike Hughes:
2018 Division 1 All American
2018 Most Pins In All Of Division 1
2013 New York State Champ
2013 National Runner-up

Price:

75\$ A Month

Contact:

Cell Phone: (631) 626-1845

****Make checks payable to: Michael Hughes****

REGISTRATION FORM:

Name: _____ High School: _____
Email:***** _____ ***** Age: _____ Weight: _____
Parent Name: _____ Parents Cell Phone #: ***() _____ ****
Emergency Contact Name & Phone #: _____ () _____
Allergies or Health concerns: _____

Contact: Mike Hughes (631) 626-1845

Parent/ Guardian Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Date: ____/____/____

Parent or Guardian's Name: (print) _____

Parent or Guardian's Signature: _____