

Capital City HotShots Wrestling

Mat Club

2023-2024



Where: North Salem High School
Wrestling room (room 2110)
765 14th St NE
Salem, OR 97301

When: Monday thru Thursdays
6:30pm to 8:00pm

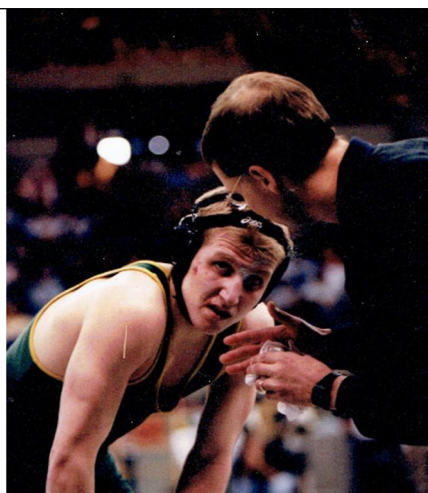
***Fridays on a case-by-case basis (dependent upon tournaments taking place)**

How much: \$200 per wrestler (includes club seasonal practices, does NOT include USA card)

***50% off each add'l child (example: fees for two children will be \$300)**

What is needed: Tight fitted clothing, wrestling shoes and a hard-working attitude! (extra shoes may be available to use)

“Champions are not born, they are hammered and forged through dedication, hard work, and training!”



NEED MORE INFORMATION? CONTACT A COACH AND GET QUESTIONS ANSWERED!

Coach Andrew Pickett
Cell: 503-881-4634

E-mail: Pickett_andrew@salkeiz.k12.or.us

Coach Ruben Carlos
Cell: 503-990-9341

E-mail: rcred80@gmail.com

REGISTRATION FORM

Wrestler's name: _____

Male/Female: _____ Date of Birth: _____ Grade: _____

Disabilities: _____ Ethnicity: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Parent's Name: _____

E-mail Address: _____

Home Phone: _____ Cell phone: _____

T-shirt size: _____

Insurance Carrier: _____ Policy #: _____

Liability Release and Waiver

_____ has my permission to attend the Capital City-HotShots Wrestling Mat Club Practices and fundraising activities endorsed and developed by the board in conjunction with parents and club members. I, the parent or guardian of the registrant (a minor), agree that the registrant will abide by the rules and code of conduct of The Capital City-HotShots Wrestling Mat Club, USA Wrestling, North Salem High School and all affiliates. I authorize emergency medical treatment as may be deemed necessary for the child or minor named above, while wrestling or otherwise utilizing the provided facilities at North Salem High School.

Recognizing the possibility of injury associated with wrestling and in consideration for The Capital City Mat Club-HotShots Wrestling, in accepting the registrant for participation in the club; I hereby release, discharge, and/or Otherwise indemnify the Capital City-HotShots Wrestling Mat Club, USA Wrestling, North Salem High and all affiliates, their employees, volunteers and associated personnel (this includes the owners of equipment and facilities utilized) against any claim on behalf of the registrant as a result of the registrants participation in Capital City-HotShots Wrestling Mat Club.

I fully understand and accept the risk of injury due to participation in this club. I also understand that secondary insurance is provided for all wrestlers through memberships with USA Wrestling. My signature below serves as verification that all the provided information is correct.

Parent/Guardian Name: (please print) _____

Signature: _____ **Date:** _____