

Train With The Best... To Be The Best!

INDIANA XTREME WRESTLING

INDIANA XTREME welcomes you to one of the finest training systems dedicated to the sport of wrestling. If you would like to be a national caliber competitor or want to prepare for your dream of winning a High School State Championship, Indiana Xtreme school of wrestling is designed to enhance your participation with your club or school programs and assist in your preparation for high level competitive wrestling. **44 HS State Champions – 190 All-State – 49 NCAA Wrestlers.**

GOLD This highest level focuses on assisting those wrestlers who expect to win, place or qualify for the HS State Finals and/or better prepare to wrestle in college.

SILVER Designed for wrestlers who have made the commitment to train and prepare for a successful high school career, middle school season and/or competing on a youth national level.

Camp Directors & Clinicians:

Tom Bennett

John Carroll University
3x NCCA All-American
IHSA State Champion
17 Years Coaching Experience



Craig Shutich

Central Michigan University
3x MHSAA All-State
11 Years Coaching Experience



Greg Wagner

University of Michigan
3x NCAA All-American
IHSA State Champion
5 Years Coaching Experience



XTREME TRAINING CENTER FORT WAYNE APPLICATION & LIABILITY WAIVER

<u>OFF-SEASON MEMBERSHIP</u>		<i>(April-October)</i>	
<input type="checkbox"/> GOLD LEVEL (HS)	Sunday 7:00p-8:30p	Wednesday 7:30p-9:00p	\$400
<input type="checkbox"/> SILVER LEVEL (8 th & Under)	Monday 7:00p-8:30p	Thursday 7:00p-8:30p	\$400

<u>IN-SEASON MEMBERSHIP</u>		<i>(October-April)</i>	
<input type="checkbox"/> GOLD LEVEL (HS)	Sunday 7:00p-8:30p	Wednesday 7:30p-9:00p	\$400
<input type="checkbox"/> SILVER LEVEL (8 th & Under)	Monday 7:00p-8:30p	Thursday 7:00p-8:30p	\$400

<u>ANNUAL MEMBERSHIP</u>			
<input type="checkbox"/> GOLD LEVEL (HS)	Sunday 7:00p-8:30p	Wednesday 7:30p-9:00p	\$750
<input type="checkbox"/> SILVER LEVEL (8 th & Under)	Monday 7:00p-8:30p	Thursday 7:00p-8:30p	\$750

WEB SITE: www.indianaxtreme.net EMAIL: indianaxtreme@gmail.com PHONE: (616) 361-7558

MAIL APPLICATION TO: Michigan Xtreme, LLC - 5355 Northland Drive, NE, Suite C, #134 Grand Rapids, MI 49525.

Pre-Registration Required. No walk-ins. Payments are accepted via check, money order or online with PayPal or most major credit cards. No refunds.

INTERIM FORT WAYNE TRAINING CENTER LOCATION: 4600 Fairlawn Pass – Fort Wayne – Indiana – 46815.

MEMBERSHIP VALID AT ALL LOCATIONS – FORT WAYNE – GRAND RAPIDS – KALAMAZOO

WRESTLER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT(S) NAME: _____

PRIMARY PHONE #: _____ ALT PHONE #: _____

SCHOOL/CLUB: _____ GRADE: _____ WEIGHT: _____

EMAIL ADDRESS: _____

Michigan Xtreme, LLC, its owner, staff, guests, agents and its landlords do not assume liability for any injuries incurred while at or on the way to and from Michigan Xtreme, LLC. The students, in attending Michigan Xtreme, LLC and in using the Michigan Xtreme, LLC facility does so at his or her own risk. Michigan Xtreme, LLC, staff and its landlords shall not be liable for damages arising from personal injury sustained by the student during the classes or at the facilities. The student and/or parents assume full responsibility for any damages or injuries which may occur to the student during the classes and so hereby fully and forever exonerate and discharge Michigan Xtreme, LLC, its staff, its owners, guests, agents and landlords from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the student's participation in the class session and in the use of the facilities. As a parent or legal guardian of the participant named above, I do hereby authorize Michigan Xtreme, LLC, its staff, its owners, guests, agents and landlords, to seek any medical and/or surgical treatment which is reasonably thought to be necessary for the care of my child. I shall be fully responsible for honoring all costs necessary to provide medical treatment for my child. The undersigned hereby certifies that their child is physically able to participate at the camp or practice and that there are no impairments that would limit the participation in the programs. The undersigned hereby understands that wrestling is a sport, which involves intense physical contact between two individuals. The student will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. The undersigned hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injections, and to perform emergency procedures as necessary.

Parent or Legal Guardian's Printed Name

Parent or Legal Guardian's Signature

Date

vo20810