



APPLICATION & LIABILITY WAIVER

<u>GOLD MEMBERSHIPS</u> <i>HS & College</i>	<u>INDIVIDUAL</u>	<u>*TEAM</u>	<u>SCHEDULE</u>
<input type="checkbox"/> TRIAL (4 Visits-1x New Members Only)	\$80	----	
<input type="checkbox"/> SINGLE SESSION (8- Consecutive Weeks)	\$145	----	<u>Kalamazoo</u>
<input type="checkbox"/> PRE-SEASON PUSH (Sept-First HS Practice)	\$165	----	Sun: 7:30pm
<input type="checkbox"/> IN-SEASON (Nov-Mar)	\$345	\$300	Thu: 7:30pm
<input type="checkbox"/> PUSH FOR THE PODIUM (Jan-HS State Finals)	\$150	----	
<input type="checkbox"/> OFF-SEASON (Apr-Oct)	\$400	\$300	<u>Grand Rapids</u>
<input type="checkbox"/> FREESTYLE/GRECO (Apr-USAW Central Regional)	\$145	----	Sun: 7:30pm
<input type="checkbox"/> SUMMER SESSION (Jun-Aug)	\$225	----	Thu: 7:30pm
<input type="checkbox"/> ANNUAL (12- Consecutive Months)	\$675	----	
 <u>SILVER MEMBERSHIPS</u> <i>MS & Under</i>			<u>Kalamazoo</u>
<input type="checkbox"/> TRIAL (4 Visits-1x New Members Only)	\$65	----	Mon: 7:00pm
<input type="checkbox"/> SINGLE SESSION (8- Consecutive Weeks)	\$120	----	Wed: 7:00pm
<input type="checkbox"/> IN-SEASON (Nov-Mar)	\$345	\$250	<u>Grand Rapids</u>
<input type="checkbox"/> OFF-SEASON (Apr-Oct)	\$295	\$250	Mon: 7:00pm
<input type="checkbox"/> FREESTYLE/GRECO (Apr-USAW Central Regional)	\$120	----	Wed: 7:00pm
<input type="checkbox"/> ANNUAL (12- Consecutive Months)	\$575	----	
 <u>BRONZE MEMBERSHIPS</u> <i>EL & Under</i>			<u>Kalamazoo</u>
<input type="checkbox"/> TRIAL (4 Visits-1x New Members Only)	\$40	----	Tue: 6:15pm
<input type="checkbox"/> SINGLE SESSION (8- Consecutive Weeks)	\$65	----	
<input type="checkbox"/> IN-SEASON (Nov-Mar)	\$150	\$100	<u>Grand Rapids</u>
<input type="checkbox"/> OFF-SEASON (Apr-Oct)	\$175	\$100	Tue: 6:15pm
<input type="checkbox"/> ANNUAL (12- Consecutive Months)	\$275	----	
 <u>INDIANA XTREME MEMBERSHIPS</u> <i>HS & Under</i>			<u>Fort Wayne</u>
<input type="checkbox"/> SINGLE SESSION (8- Consecutive Weeks)	\$145	----	Sun: 7:30pm
<input type="checkbox"/> IN-SEASON (Nov-Feb: HYWAY Club Based)	\$250	----	Thu: 7:30pm
<input type="checkbox"/> OFF-SEASON (Mar-Oct)	\$475	\$375	Sun: 6:15pm
<input type="checkbox"/> INTRODUCTORY SESSION (8 WEEK/IN/OFF-SEASON)	\$75/\$125/\$240	----	(Introductory Session)

CONTACT INFORMATION: WEB SITE: www.michiganxtreme.com EMAIL: michiganxtreme@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. Payments are accepted via check, money order or with PayPal. No refunds. *Team Based Programs require minimum of 12 wrestlers with HS head coach champion.

WRESTLER'S NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____ START DATE: _____ END DATE: _____
 PARENT(S) NAME: _____ HOME PHONE #: _____ CELL 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.