

**“The Choice of Champions”**

**2010-2011**

**Coach Rob Waller’s**

# **ALL AMERICAN WRESTLING CLUB**

**183 DUTCH HILL RD (911 CHANGE!)  
LATROBE, PA 15650-4680**

**(PAWF SANCTIONED WRESTLING CLUB)**

**FAX: (724)423-7114**

**CELL: (724)396-0056**

**PHONE: (724)423-7112**

**EMAIL: [rwaller@zoominternet.net](mailto:rwaller@zoominternet.net)**

**Website: <http://www.wrestlingreport.com/waller>**

**Call or check out website for times, dates, schedule of practices for the  
All American Wrestling Club**



**“We Teach Wrestling, We Don’t Just Show It”**

## 2010 – 2011 Registration Packages

Package	Sessions Per Month	Cost
All American Gold	Unlimited sessions and may attend and/or travel with Coach to all other sites	\$125
Silver	10	\$100
Bronze	4	\$85

**Multiple Family Discounts:** \$10 discount monthly for 2<sup>nd</sup> wrestler, \$20 discount for 3<sup>rd</sup>, etc

**Annual Registration Fee:** Annual Registration fee of \$55 includes 2010 – 2011 \$35 PAWF card/insurance fee (mandatory for USA Wrestling sanctioned Clubs) and an All-American T-shirt. This fee must be paid for by all family members.

\*Completion of forms and payments should be made the first session of each month.

**\*\*MUST BE COMPLETED AND RETURNED TO COACH WALLER\*\***

### 2011 PAWF/USA WRESTLING MEMBERSHIP APPLICATION

<p><b>Name</b> _____  <small style="margin-left: 100px;">(First)</small> <span style="margin-left: 200px;"><small>(Last)</small></span></p> <p><b>Club</b> _____</p> <p><b>Date of Birth</b> ____ / ____ / ____ <b>Grade:</b> ____ <b>Gender M/F</b> ____  <small style="margin-left: 20px;">(Month) (Day) (Year)</small></p> <p><b>Address</b> _____</p> <p><b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____</p> <p><b>Telephone</b> ( ____ ) _____ <b>email</b> _____</p> <p><b>Signature of Applicant</b> _____</p>	<p style="text-align: center;"><b>Card Number</b></p> <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center; font-size: small;">Official use only do not write in this box</p>
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**Please circle one of the following athlete divisions:**

Open	H.S. Junior	Cadet	Schoolboy	Novice	Intermediate	Bantam
	9th-12th Grade	1995-1996	1997-1998	1999-2000	2001-2002	2003_2004

**All USA Wrestling membership cards \$35**  
 Please make checks payable to: **PAWF/USA Wrestling**  
 Coaches Cards must be purchased directly thru USA Wrestling

**Mail application and payment to: Van Plocus, State Chairman, 3096 Route 85, Home, PA 15757**

2010 – 2011 Registration & Release Forms

(Please print clearly and Sign)

**ALL AMERICAN  
WRESTLING  
CLUB**

183 DUTCH HILL RD  
LATROBE, PA 15650-4680

\*\*\*\*\* Parents must sign Release Form in order for wrestler to step on the mat \*\*\*\*\*

Name: \_\_\_\_\_  
Parent's Name: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_  
School: \_\_\_\_\_ # of years wrestled: \_\_\_\_\_ PAWF Card# \_\_\_\_\_  
Home Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Father: Work#:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother: Work#:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

Choose size from: Adult S M L XL XXL or Youth S M L

T-shirt: \_\_\_\_\_ Short: \_\_\_\_\_ Sweatshirt: \_\_\_\_\_ Singlet: \_\_\_\_\_

**All Parents/Guardians MUST sign the following 2 (two) Releases:**

**\*\*\* Make sure wrestler's name is printed in BOTH spaces provided \*\*\***

**1. Permission to Treat**

Coach Waller and/or his designee (i.e. staff member) have permission to have \_\_\_\_\_  
(Wrestler's Name) treated if necessary at the appropriate facility if he is injured, or if he appears to be injured.

**2. Indemnification by Parent or Guardian of Applicant**

The undersigned parent or guardian of \_\_\_\_\_ (Wrestler's Name)

The applicant, for and in further consideration of the wrestling camp accepting said applicant does hereby release and discharge the curators of Rob Waller's All-American Wrestling Club/Camp and it's representatives, employees and agents from any and all debts, claims and demands, actions, damages, causes of action, judgments or suits of any kind which may result of this applicant participation in, traveling to or from the All-American Wrestling Club/Camp, and hereby agree to have and indemnify and keep harmless the curators of the All-American Wrestling Camps, it's representatives, employees and agents against liability claims, judgments or demands for damages arising as a result of any course instruction given the applicant by Coach Waller or any designee of Rob Waller's All-American Wrestling Club/Camps.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_