

*"The Choice of Champions"*

**2011-2012**

*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"**

## 2011-2012 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

### **2011- 2012 Annual Registration Fee**

*Annual* registration fee of \$55.00 includes All American T-Shirt and mandatory PAWF/USA card (must have for all USA sanctioned clubs)

**The following is due with completed application:**

**\*\$20.00 annual fee + monthly fee payable to "Rob Waller"**

**\*\* \$35.00 mandatory club fee made payable to "PAWF/USA Wrestling"**

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

2011-2012 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 \_\_\_\_\_