

“The Choice of Champions”

2009-2010  
Coach Rob Waller’s

# ALL AMERICAN WRESTLING CLUB

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

(PAWF SANCTIONED WRESTLING CLUB)

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CELL: (724) 396-0056  
PHONE: (724) 423-7112

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

Website: <http://www.allamericanwrestlingclub-pa.com>

or

<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 Dont Just Show It”

## 2009-2010 Registration Packages

Package	Sessions Per Month	Cost
Champion Package	Unlimited and May Travel With Coach to all other sites	\$125
All American Gold	12	\$110
Silver	8	\$95
Bronze	4	\$80

**Multiple Family Discounts:** \$10 discount monthly for 2nd wrestler/\$20 discount for 3rd etc.

Annual Registration Fee: Annual Registration fee of \$50 includes: 2009-2010 \$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

2009-2010  
Registration & Release Forms  
(please Print Clearly and Sign)

**ALL AMERICAN  
WRESTLING  
CLUB**

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

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

**2009-2010 Registration Form**

Name: \_\_\_\_\_

Parent's Name: Father \_\_\_\_\_ Mother \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight \_\_\_\_\_ lbs Height \_\_\_\_\_ ft School \_\_\_\_\_

# of years Wrestled: \_\_\_\_\_ PAWF Card # \_\_\_\_\_

Home#(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell#(\_\_\_\_)\_\_\_\_-\_\_\_\_

Fathers Work#(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell#(\_\_\_\_)\_\_\_\_-\_\_\_\_

Mothers Work#(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell#(\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Choose From: Adult S M L XL XXL or Youth S M L

T Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_

Sweat Shirt Size: \_\_\_\_\_ Singlet Size \_\_\_\_\_

The Following Release form must be signed and returned

**All Parents/Guardians Must sign the following 2 (Two) Releases:**

**1. Permission to Treat**

Coach Waller and/or his designee (i.e.: staff member) have permission to have \_\_\_\_\_ 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

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(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 its representatives, employees and agents from any and all debts, claims and demands, actions, damages, causes of action, judgements 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, its representatives, employees and agents against liability claims, judgements or demands for damages arising as a result of any course instruction given the applicant by Coach Waller or any deginee of Rob Waller's All-American Wrestling Club/Camps

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Signature of Parent/Guardian

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Date