

ALL AMERICAN GRAPPLING ACADEMY

4400 S. Saginaw St. Suite 1390
Flint, Michigan, 48507
EIN: 27-2465690 a 501(c)(3) Public Charity



2022 FREESTYLE / GRECO

April 5th – May 26th

Tues & Thur 6:30-8:00

\$100.00/month



- **All wrestlers are required to purchase a USA Full Athlete Membership**
Purchase at: <https://www.usawmembership.com/login>
- **Michigan USA Wrestling;** Schedule and information <https://www.musaw.org/>
- **AAGA Payment plan options** available online: www.aagrappling.com/membership

Child's Name:	Birth Date:	Weight:
Street Address:	School District:	
City:	State:	Zip:
Parent/Guardian's Name 1:		
Cell Phone:	Email:	
Parent/Guardian's Name 2:		
Cell Phone:	Email:	

The undersigned hereby waives any and all claims against All American Grappling Academy or any member thereof, which might arise as the result of injuries sustained by any minor child, during practice or tournament.

The undersigned authorizes any member of All American Grappling Academy to obtain medical care for my child in the event he/she should be injured while wrestling.

The undersigned fully and freely consents to the use by All American Grappling Academy also known as AAGA of my child's or children's name(s), photograph(s), and/or silent and sound film or video for the use and re-use in conjunction with broadcasting, web communications, publicizing and advertising.

The undersigned understands that both wrestler and parent(s) must abide by AAGA "Codes of Conduct" and "Policies and Procedures". Membership fees paid are non-refundable. Practice days, times, and coaches may be subject to change.

- **CONCUSSION AWARENESS** To learn more, go to <https://www.cdc.gov/headsup/index.html>

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 and Public Act 137 of 2017, Section 333.9156.amended, that I have reviewed the Concussion Fact Sheet for Parents.

- **COVID-19**
Participation includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While particular rules/protocols and personal discipline may reduce this risk, the risk of serious illness and death does exist. No one guarantees that you or your child(ren) will not become in contact or infected with an illness including Covid-19. The person(s) signing below voluntarily assumes this risk because s/he chooses or elects to do so.

Participant Name:		
Parent/Guardian Name:	Parent/Guardian Signature:	Date:

Please make checks payable to: All American Grappling Academy (AAGA) or online at: www.aagrappling.com/Membership.html

Received by: _____ Amount: _____ Cash CC Trans#: _____ Check #: _____

Rev: 10-12-2021