

**Location:**  
Robbinsdale Armstrong Senior High  
School  
10635 36th Ave N, Plymouth, MN  
55441



**Enrollment:**  
\$15 Participation & Fun  
\$10 Pick 10 Enrollment

**Tournament Date:**  
Dec. 22, 2019

Learn more at:  
[www.GrappleEvents.com](http://www.GrappleEvents.com)

### Enrollment Form

Athlete/s Full Name: \_\_\_\_\_ Favorite aspect of Wrestling: \_\_\_\_\_  
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Club Team: \_\_\_\_\_ Club Coach: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Grade: \*Circle One PreK, K, 1, 2, 3, 4, 5, 6, 7 or 8 Expected Weight Class: \_\_\_\_\_ Actual Weight: \_\_\_\_\_  
Medical Conditions/Special Instructions: \_\_\_\_\_  
Parent/Guardian's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Emergency Contact/s Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Wrestler: \_\_\_\_\_

Grapple Events will call emergency contact when parent/guardian are unavailable. Authorized check in/out personnel must be 18+ years of age.

By initialing here, you are indicating your acceptance of this agreement and waiver, you are affirming that you have read and understand this agreement and waiver, and fully understand its terms. you understand that you are giving up substantial rights, including the right to sue. you acknowledge that you are signing the agreement and waiver freely and voluntarily and intend by your acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_ I agree to pay \$15 for the 2019 Minneapple Grapple.  
\_\_\_\_\_ I agree to pay \$10 for Pick 10

(Make Checks Payable to: Minnesota Tough Wrestling)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Full Name: \_\_\_\_\_

#### Team Members & Coach/es:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

## **WAIVER CONSENT, RELEASE OF LIABILITY, AND CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:**

1. By accepting this agreement and participating in GRAPPLE EVENTS Competition, you agree that you understand that there is a risk of injury in participating in any sport, including wrestling. This risk of injury includes but is not limited to a risk of serious permanent injury, paralysis, and death.

Your agreement indicates that you understand that your child should not participate in the GRAPPLE EVENTS Competition if: he or she is currently under the care of a physician for an injury or illness that would prevent his/her safe participation in Wrestling events; he or she is currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in Wrestling events; your child has a history of fainting or other problems related to strenuous exercise; or your child is not in good health or has some other reason he or she should not participate in strenuous physical exercise.

To minimize the risk of injury, you agree to tell your child to obey all safety rules and to report fully any problems related to his/her physical condition to the GRAPPLE EVENTS Competition coaches as soon as the problem begins.

2. By accepting this agreement, you certify the following:

- That you are the parent or legal guardian of the child (athlete) named below.
- That your child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the GRAPPLE EVENTS Competition.
- That your child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in the GRAPPLE EVENTS Competition.
- That you acknowledge Grapple Events LLC is a privately-owned company.
- That your child has no history of fainting or other problems related to strenuous exercise.
- That your child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.
- That you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating in the GRAPPLE EVENTS Competition.

3. CONSENTS:

1. By indicating your acceptance of this agreement, you hereby give permission for GRAPPLE EVENTS and GRAPPLE EVENTS Competition employees and associates to obtain medical treatment for your child in the event of accident or illness during his/her time at GRAPPLE EVENTS Competition.

2. By indicating your acceptance of this agreement, you hereby give consent to have your child be photographed or videoed during camp activities, and you agree that the images obtained may be used for educational and public relations purposes by the GRAPPLE EVENTS Competition.

RELEASE:

1. By indicating your acceptance to this agreement, you do hereby agree that you are and shall be responsible for all costs associated with any injury, illness, damage, expense, claim, or loss that may be sustained by your child as a result of his or her participation in the GRAPPLE EVENTS Competition. You also certify that you have valid health insurance which provides adequate coverage for injuries or illness your child may sustain while participating in the GRAPPLE EVENTS Competition.

2. By indicating your acceptance of this agreement, you also agree to release and state not to sue GRAPPLE EVENTS and/or MINNEAPPLE GRAPPLE, Mr. & Mrs. Ponce, Robbinsdale Wrestling, Robbinsdale Athletics School District 281, or the officers, employees, or agents, for any injury, illness, damage, expense, claim, loss, injury, or death arising from, resulting from, or in any way caused by your child's participation at GRAPPLE EVENTS Competition..

**BY SIGNING YOU ARE INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER, AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**