



# Fox Valley Elite Wrestling

**2 Classes - \$50/Month or \$125 pre registered by May 10th**

Sunday's June 7 – August 30 3:30-5 (Girls Only) / 5-6:30 (Mixed) Advanced Folkstyle

Tuesday's June 9 – September 1 6-7:30 (mixed) Advanced Folkstyle

2026 FVE Wrestling Registration/Waiver Form

Wrestler Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

Weight \_\_\_\_\_ School/Club: \_\_\_\_\_ USA Card # \_\_\_\_\_

## Emergency Contact Info Legal Guardian

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

Email \_\_\_\_\_ Cell #1: (\_\_\_\_) \_\_\_\_\_

### Waiver - 2026 Summer Sessions

I, the parent/guardian of the candidate for the January 1<sup>st</sup> 2026 - December 31<sup>st</sup> 2026 FVE

Wrestling at Fox Valley Elite Wrestling Academy, hereby give approval of his/her participation in any and all clinic activities. I assume all risks and hazards incidental to such participation, including transportation to and from the clinic. I hereby release, waive, absolve, indemnify and hold harmless Fox Valley Elite Wrestling Club, the organizers, supervisors, participants, and persons transporting or coaching the participant of all liability for injuries incurred while participating in the wrestling clinic. I also grant permission to managing personnel or other clinic representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the participant become ill or injured while neither parent is available to grant authorization for emergency treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_