Eagle Wrestling Academy

Welcome to the Eagle Wrestling Academy. Here, you'll build confidence, form a brotherhood, and learn top-quality wrestling. We are dedicated to helping people experience the benefits and lifestyle of the sport of wrestling. Our mission is to teach self-defense and instill the values of the C.L.A.W. method.

Character

Leadership

Accountability

Work Ethic

Ages: 5-14

Weight Classes: 35lbs-285lbs

Location: Archbishop Shaw High School

1000 Barataria Blvd. Marrero, La

Contact Information: (504)-559-3591

Email: eagleacademy504@gmail.com

Follow us on Facebook: EWA Facebook

Follow us on Instagram: EWA Instagram

Eagle Wrestling Academy

Membership Packages

All Packages include USA Wrestling Membership Card & Uniform rental

- All Sessions (Session 1-3) (Membership Fee: $600)
- Session 1: August 25 - November 15 **(**Membership Fee: $250)
- Session 2: November 24 - LA USA Wrestling State Tournament **(**Membership Fee: $350)
- Session 3: April 6 - Early May (Membership Fee: $250)

Practice Schedule:

Monday & Wednesday 6-8PM

Friday 6-7PM

Saturday 9-11AM

Note: Practice times are subject to change.

*Drop in fee of $20 (If you aren't enlisted in the program)

*Refer a friend and get $50 off

*Feel free to speak to the coaching staff about hardship discount

*Once payment is deposited there will be no refund for any reason.

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Wrestler Waiver Form

Wrestler Information

Name:

Date of birth:

Address: City: State:

Zip:

Parent's / Guardian's Name

Mom:

Dad:

Mom's Cell: Mom's Email:

Dad's Cell: Dad's Email:

Emergency Contact

Name & Relation:

Phone Number:

The undersigned parent/guardian of the above named wrestler hereby give my/our approval to participate in any and all Eagle Wrestling Academy activities. I/We assume all risks and hazards incidental to such participation (including practices) and the transportation to and from the activities. I/We do hereby further release, absolve, indemnify and hold harmless the wrestling club, organizers, sponsors, supervisors, Archbishop Shaw High School and Archdiocese of New Orleans any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. In case of injury to my/our child, I/we hereby waive all claims against the organizers, league offices, the sponsors or any of the supervisors appointed by them. In case of emergency, as Parents or Guardians of the named wrestler, I hereby give my consent for emergency medical care. This care may be given under whatever conditions are necessary for the wellbeing of the wrestler. List any and all medical problems or prohibition the wrestler has:

Insurance Carrier: ID#

Family Physician: Phone#

Parent / Guardian Signature: Date:

*Waiver is valid for two years from the signed date.