

Eagle Wrestling Academy

The (EWA) is dedicated to serving the Westbank community with a quality youth wrestling program. The (EWA) operates with the goal of teaching self-defense while also instilling the values of the C.L.A.W method:

Character

Leadership

Accountability

Work Ethic

Ages: 5-14

Weight Classes: 35lbs-285lbs

Location: 1000 Baratavia Blvd. Marrero, La

Archbishop Shaw High School

Contact Information: Coach Conrad Wyre (504) 559-3591

Email: wyreconrad7399@gmail.com

Follow us on Facebook: Eagle Wrestling Academy

<https://www.eaglewrestlingacademy.com>

Eagle Wrestling Academy

Folkstyle Membership Packages

All Packages include Eagle's Wrestling Apparel, USA Wrestling Membership Card, & Uniform rental

Bronze Eagle Package \$150

- Includes 4 months of folkstyle wrestling PRACTICE ONLY
(September 12th - January 5th)

Golden Eagle Package \$250

- Includes 8 months of folkstyle wrestling PRACTICE ONLY
(September 12th - April)

Platinum Eagle Package \$375

- Includes 8 months of folkstyle wrestling including tournaments
(September 12th - April)

Note: All practices are held Mondays, Tuesdays, and Thursday, 6:00pm - 8:00pm.

Optional practice will be held Fridays 6:00pm - 7:00pm

*Refer a friend and get \$50 off

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:

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

Waiver is valid for two years from the signed date.

Please Remember the following:

If your child is experiencing any of the following symptoms, or you feel as if your child needs to stay home we understand. It's in our best interest as a club to keep our kids safe and our staff as well. COVID-19 affects different people in different ways. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

- As a precaution kids must wear a mask upon arrival.
- Temperature of 100.4 or greater will not be allowed access.
- All visitors must wear a mask at all times.
- Kids and visitors will be given hand sanitizer upon entering the room.
- As a precaution the water fountain will be off limits.

By signing this form, you acknowledge and will adhere with our guidelines.

X _____

