

# 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: Archbishop Shaw High School

1000 Baratavia Blvd. Marrero, La

Contact Information: (504) 321-1427

Email: eagleacademy504@gmail.com

Follow us on Facebook: Eagle Wrestling Academy

<https://www.eaglewrestlingacademy.com>

**EAGLE**  
WRESTLING ACADEMY

# Eagle Wrestling Academy

## Membership Packages

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

- All Sessions (Session 1-3)  
Membership Fee: \$450
- Session 1: August 19 - November 14  
Membership Fee: \$175
- Session 2: November 18 - March 13  
Membership Fee: \$350
- Session 3: March 25 - Early May  
Membership Fee: \$250

### Private Lessons:

1 Hour = \$30

Hour & a half = \$40

### Group Lessons:

1 Hour (2-4 wrestlers) = \$20 per wrestler

Hour & a half (2-4 wrestlers) = \$25 per wrestler

**Note:** All practices are held Monday-Thursday, 6pm - 8pm. Practices 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

# Eagle Wrestling Academy

## 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.*