



# Instruction Registration & Log

2010-11 Season

| <b>INSTRUCTION LEVELS</b><br>For All Age Groups   | <b>SESSION RATES</b>   |
|---|--|
| <b>Private Instruction Non Member - all year</b><br>One on One attention.<br>Fridays & Weekends   | <b>\$90 -1 Single Hour Session</b><br><b>\$425 -5 Progressive Sessions</b>                     |
| <b>Private Instruction Member - in season</b><br>Pre-Season, Folkstyle or Freestyle.<br>One on One attention.<br>Fridays & Weekends   | <b>\$75 -1 Single Hour Session</b><br><b>\$350 -5 Progressive Sessions</b>                     |
| <b>Semi-Private Instruction Non Member - all year</b><br>2 to 4 Athletes<br>2 wrestlers attend a lesson together.<br>Fridays & Weekends                                     | <b>\$45. -1 Single Hour Session</b><br><b>\$200 -5 Progressive Sessions</b><br>per person      |
| <b>Semi-Private Instruction Member - in season</b><br>2 to 4 Athletes<br>Pre-Season, Folkstyle or Freestyle.<br>2 wrestlers attend a lesson together.<br>Fridays & Weekends | <b>\$37.50 -1 Single Hour Session</b><br><b>\$162.50 -5 Progressive Sessions</b><br>per person |

Instruction Level \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-Code on back of Card \_\_\_\_\_

Wrestler's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ USAW Card # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail \_\_\_\_\_

I certify that within the past three years I have had a physical examination and that I am in good health and able to participate in all Academy activities. If medical attention is required for illness or injury while attending, I give my permission for such care and I hereby waive and release the Academy, its staff, ASU and Sunkist Kids, of all liability for any illness or injury which may occur. I understand that any wrestler who does not abide by Academy rules and regulations is subject to dismissal without reimbursement or recourse and that damage to facilities will be assessed to those responsible.

\_\_\_\_\_ Print Parent/Guardian's Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

## Instruction Log

| Athlete's Name | Total # of Lessons | Private (amount paid) | Semi Private (amount paid) | Instructor | Today's Date |
|----------------|--------------------|-----------------------|----------------------------|------------|--------------|
|                |                    |                       |                            |            |              |

| Date | Lesson #1 | Lesson #2 | Lesson #3 | Lesson #4 | Lesson #5 |
|------|-----------|-----------|-----------|-----------|-----------|
|      |           |           |           |           |           |