

2009 NHSCA High School Senior Championships

DO **NOT** RETURN ANY FORMS DIRECTLY TO NHSCA

Return this form immediately to:

USAW-KS
8931 Millstone Circle
Lenexa, KS 66220

Name _____ Phone _____

Cphone _____

Address _____ City _____ Zip _____

_____ Yes, I wish to compete at .

I have a current USA (08/09) card # _____

I need USA card (include \$30). My birthdate is _____.

(May be purchased through any Kansas Wrestling Club or through
USAWKS.COM and Kathy Juby any time)

Wrestler's Bio High School _____ GPA _____

(may be higher – not lower - than HS State)

Coach's Name _____ Wt Class _____ (3# allowance at weigh-ins)

(You must wrestle at or above the weight you wrestle at State in 2009)

Season record _____ # Falls _____ Career record _____ # Falls _____

(Update after state)

Places at state: FR ___ SO ___ JR ___ SR ___ Do you plan to wrestle in college? _____

College chosen _____ Do you have a scholarship? _____

LIABILITY RELEASE

I, the undersigned, individually and as a parent/guardian of _____, a minor, ask that he/she be admitted to participate in the Senior Nationals sponsored by the NHSCA. I do hereby agree to release, discharge and hold harmless the NHSCA, their agents and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sporting event or in the course of competition held in connection with this event. I also give permission for my child's photograph to appear in promotional material regarding this event.

Parent/guardian signature required: _____