



TEAM ARRICHION WRESTLING CLUB 2011-12 PROGRAM OPTIONS

The Arrichion Wrestling Club is committed to providing the highest quality year-round training for wrestlers in North Carolina. We are dedicated to helping every wrestler improve regardless of where they start with us. This is possible because we have professional full-time coaches and a well-designed and proven system. We have trained 85 High School State Champions, 5 National Champions, and 1 Olympian. Wrestlers who train with Arrichion position themselves to compete at the next level whether in college or internationally. Wrestlers with these kinds of aspirations and goals must be willing to train year-round, compete in folkstyle and freestyle, and venture out of the state to higher level regional and national events.

BENEFITS OF TEAM ARRICHION

- Increasingly intensive focus on technical and tactical training with groups that can move to the second level of the Arrichion Training System because of year-round commitment.
 - Three or four intensive training sessions per week from August through October; two training sessions November through February (Sunday plus one) ; three or four training sessions per week March-June. Team Training Camps scheduled on selected weekends. A calendar of holidays will be provided. Schedules may be adjusted to accommodate training camps, tournaments, holidays, or other events.
 - Small training groups.
 - Opportunity to wrestle in selected events where Arrichion staff will coach you.
- Tentative Arrichion Team events for the year will include:
Fall- Waterway Duals (PA), Ragin' Raisins Duals (PA), Tribal Tech Duals (VA), Virginia Tournaments, Pennsylvania Tournament, Iowa Tournament; Spring-Flow Nationals (OH), High School Nationals (VA), Northeast (NY) and Central Regionals (IN), FILA Cadets/Juniors, NC Freestyle State; Summer-Disney, Fargo.
- Wrestlers must pay tournament entry fees and personal travel expenses.
- Special training opportunities, clinics, and scrimmages.
 - Extra conditioning (i.e. Oklahoma run) for big events (H.S. regional and state tournaments and all Team Arrichion competitions).
 - Hot Yoga and circuit training classes in Raleigh and Charlotte.
 - Analysis of competition and competitors.
 - Discounts for team apparel.
 - Special membership arrangement for wrestlers who live more than 50 miles from an Arrichion Training facility.
 - Sibling discount. Call for information.

**SPACE IS LIMITED
ENROLL NOW
ARRICHION.COM 336.215.8358**

TEAM ARRICHION PROGRAM OPTIONS

Team Arrichion August 21 - June 16*	\$2,595
Team Arrichion for members outside 50-mile radius Sunday only training plus training camps	\$1,595
Seniors Only (not planning to wrestle after high school) August 21 - February NC State Tournament*	\$1,695
Spring Only (registration opens Jan 2012) March 1 - June 16*	\$1,195

PAYMENT OPTIONS

Tuition Paid in Full = Discount

Tuition	Class Hours	Cost/Hour
Team Arrichion	160	\$15.44
Team Arrichion (outside 50 mile)	90	\$16.66
Team Arrichion Seniors Only	88	\$18.18
Team Arrichion Spring Only (registration opens Jan 2012)	60	\$18.33

Tuition Paid by Installment Plan
(deposit of \$450 at enrollment and automated payment account set up required)

Tuition	Class Hours	Cost/Hour
Team Arrichion	160	\$16.22
Team Arrichion (outside 50 mile)	90	\$17.72
Team Arrichion Seniors Only	88	\$19.26
Team Arrichion Spring Only (registration opens Jan 2012)	60	\$19.92

We accept cash, check, credit card, or automatic debit.

***Schedules and practice locations may be adjusted to accommodate training camps, tournaments, holidays, or other events.**

ALL ARRICHION WRESTLERS MUST HAVE A CURRENT USA WRESTLING MEMBERSHIP WHICH MAY BE PURCHASED ONLINE AT THEMAT.COM

USAW cards expire on 8/31 annually.

Registration Check-Off List

Please complete and return the following documents with payment and payment information.

Mail to: Larry Reynolds
1601 Guilford College Rd.
Jamestown, NC 27282 or email larry@arrichion.com

Registration Packet

- Wrestler Information Sheet
- Payment Forms
- Liability Terms and Agreement Form

USA Wrestling Medical Waiver Forms

Copy of Current USA Wrestling Card

Questions: Call Larry at 336.215.8358

Team Arrichion Wrestling Registration Packet

Wrestler Information Sheet



Name _____ Age _____

DOB _____ Grade _____ School _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Mobile Phone _____

Mother Name _____

Email _____ Mobile Phone _____

Father Name _____

Email _____ Mobile Phone _____

USA Wrestling Membership # _____ Expiration _____

Years in Wrestling _____

2009-10 Season Folkstyle Record:

Wins _____ Losses _____ Current Competitive Weight Class _____

Regionals _____ State _____

Please list any other past significant accomplishments and year at the State, Regional or National Level: Freestyle/Greco

How did you hear about the Team Arrichion?

Wrestling Goal:

Team Arrichion Wrestling Registration Packet Wrestler Information Sheet

Wrestler's Name:



Tuition Full Payment Option

Please select program and form of payment Choose One:

- | | | | | |
|---|--------|--|--------------------------------------|---|
| <input type="checkbox"/> Team Arrichion
August 21-June 16 | \$2470 | <input type="checkbox"/> Check (attached)* | <input type="checkbox"/> Credit Card | <input type="checkbox"/> ACH one time debit |
| <input type="checkbox"/> Team Arrichion
(outside 50 miles)
August 21-June16 | \$1500 | <input type="checkbox"/> Check (attached)* | <input type="checkbox"/> Credit Card | <input type="checkbox"/> ACH one time debit |
| <input type="checkbox"/> Senior Only
August 21-February States | \$1600 | <input type="checkbox"/> Check (attached)* | <input type="checkbox"/> Credit Card | <input type="checkbox"/> ACH one time debit |

*payable to Arrichion, Inc.

Credit Card Authorization:

I authorize Arrichion, Inc. to charge my credit card one time for the purpose of paying said payment under this agreement:

Visa Mastercard

Name on Card:

Account Number:

Expiration Date:

Signature:

Date:

Printed Name:

ACH One-time debit:

I authorize Arrichion, Inc. to process a one-time automatic debit from my checking/savings account for the purpose of said payment under this agreement:

Name of Bank:

Checking Savings

Bank Routing Number:

Account Number:

Name on Account:

Signature:

Printed Name:

Date:

Please attach a voided check or deposit slip.

I have read the agreements and have been given a copy of the agreements. In addition, I have completed and signed all membership and waiver forms. This is the entire agreement between parties and no oral statements may modify these agreements.

Signature:

(buyer or parent/guardian)

Date:

Team Arrichion Wrestling Registration Packet

Wrestler Information Sheet

Wrestler's Name:



Tuition Installment Payment Option*

Please select program and form of payment

Deposit is required at the time of enrollment. You may pay deposit by check, credit card, or one-time ACH debit. Balance must be paid by recurring monthly credit card or ACH debit payments which Arrichion will set up.

Choose One:

	TI	Deposit	Balance
<input type="checkbox"/> Team Arrichion August 21-June 16	\$2595	\$450	\$2145
<input type="checkbox"/> Team Arrichion (outside 50 miles) August 21-June 16	\$1595	\$450	\$1145
<input type="checkbox"/> Senior Only August 21-February States	\$1695	\$450	\$1245

Payment Type:

Choose one for deposit and one for balance

Deposit

check* attached

credit card

ACH one-time debit

Balance

credit card

ACH

*payable to Arrichion

Credit Card Authorization:

I authorize Arrichion, Inc. to charge my credit card for the purpose of paying said payment under this agreement:

Visa Mastercard

Name on Card:

Account Number:

Expiration Date:

Signature:

Date:

Printed Name:

ACH debit:

I authorize Arrichion, Inc. to process automatic debit from my checking/savings account for the purpose of said payments under this agreement:

Name of Bank:

Checking Savings

Bank Routing Number:

Account Number:

Name on Account:

Signature:

Printed Name:

Date:

Please attach a voided check or deposit slip.

I have read the agreements and have been given a copy of the agreements. In addition, I have completed and signed all membership and waiver forms. This is the entire agreement between parties and no oral statements may modify these agreements.

Signature:

(buyer or parent/guardian)

Date:

*Balance must be paid in full by May 2012 for students enrolled in Team Arrichion or Team Arrichion (outside the 50 mile radius). Balance for Senior option students must be paid in full by December 2011. All payments will be processed for the last day of the month. \$450 Deposit must be received with registration; installment amounts below:

Program	TI Balance	Amount if Debit Begins August (10 payments)	Amount if Debit Begins September (9 payments)
Team Arrichion	\$2,145	\$214.50	\$239.33
Team Arrichion (outside 50 mile)	\$1,145	\$114.50	\$127.22

Program	TI Balance	Amount Payment if Begins August (5 payments)	Amount Payment if Debit Begins September (4 payments)
Senior Only	\$1,245	\$249	\$311.25

Team Arrichion Wrestling Liability and Terms Agreement



Name of registrant _____

I/we, the parent(s) or guardian(s) of the above named registrant for Arrichion, Inc., hereby give my/our approval for his/her participation in any or all of Arrichion, Inc. activities. I/we assume all risk and hazards incidental to such participation; understand that this activity involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death; that these risks and dangers may be caused by my/ his/her own actions or inactions, or the actions or inactions of others participating in the activity and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless Arrichion, Inc., the officers, directors, employees, sponsors, supervisors, participants, and spectators, for any claim arising out of an injury to myself or my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount that is covered by USA wrestling accident or liability insurance.

I/we agree that any and all information on this registration form and any photographic/video images, or likeness, or voice of the above named registrant/participant while participating at Arrichion, Inc. may be used for commercial, promotional, or administrative purposes. In assigning these rights, I grant the Arrichion and its successors, assignees, and licensees to full and irrevocable right to produce, copy, distribute, exhibit, and transmit my voice and likeness in connection with **Arrichion** by means of print, website, broadcast or cablecast, videotape, film, webcast or any other electronic or mechanical method now known or hereinafter invented.

I/we agree that this commitment will be for the designated time period agreed and that full payment is owed to Arrichion should the student decide to discontinue attending Arrichion, Inc. for any reason or be dismissed for issues of inappropriate behavior. No refunds will be issued.

____initial I/we acknowledge that I had sufficient opportunity to review the provisions of this document and understand its purpose, meaning, and intent.

Parent/Guardian and/or Student (if the student is 18 years of age or older)

Signature _____

Date _____

Signature _____

Date _____



USA wrestling

Medical Information & Waiver Forms

This packet contains medical information forms and a sample waiver and release from liability form. In today's climate of insurance claims and liability action, the use of these forms is mandatory by your club and/or league.

Parent's Medical Instructions

This form can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment.

Medical History Questionnaire

If you are traveling and one of your athletes needs medical attention, this information can be of great value to an attending physician.

The parent's Medical Instruction and the Medical History Questionnaire for each athlete should be kept in a sealed envelope with his name on the outside in or with the club's medical kits. It is recommended that the kit also should have a list of emergency phone numbers for each club member, along with the standard 911, police, ambulance, fire, etc., phone numbers.

Participant's Waiver and Release From Liability Form

This form provides the club administration a copy of a standard participant's waiver and release from liability form. It is mandatory that club administrators have this form signed in addition to the form attached to the membership card. **Failure to obtain a waiver and release on members will result in a loss of insurance coverage.**

Please keep medical forms for no less than 18 months.

You must keep all Waiver and Release forms for 7 years.

USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s):

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Wrestler's USA Wrestling Card No. _____

Name of Club _____

Coach's Name _____ Phone Number _____

USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: _____ USA Card No.: _____

Emergency Contact: _____ Phone No.: _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) _____
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed

- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.

- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly _____
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.
Heart disease (rheumatic fever) Liver disease (hepatitis)
Kidney disease (infections) Lung disease (pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly _____
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each _____
- Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each _____
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. _____

- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:
Permanent bridge Permanent crown or jacket
Braces Full plate Removable partial plate
Permanent retainer Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened _____
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury.

- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.

- Yes No 18. Have you ever had an injury to your back?
- Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently With vigorous exercise With heavy lifting
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?
- Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____
- Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?
- Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

- Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
WITH PARENTAL CONSENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation ,or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____ I HAVE READ THIS RELEASE

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ I HAVE READ THIS RELEASE

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

Arrichion Wrestling

Warrior T-shirt Pre-Order form



We are now taking pre-orders for Warrior shirts in new ink color (Yellow). These shirts sell out very quickly, so please place the order by 07/13/2011 in order to guarantee a size for your son, yourself, or for a family member for the upcoming wrestling year.

Shirts are \$25 each. We now take credit payments.

Please fill and return the forms to Larry@arrichion.com

Name (Parent): _____

Email: _____

Phone: _____

Your child's Name: _____

Sizes - adult unisex (please write down quantity)

XS ___ S ___ M ___ L ___ XL ___ XXL ___

Quantity Total: _____ Price Total: _____

Payment

Cash Check Credit Card

Credit Card Number: _____

Expiration Date: ____ / ____

3 or 4 digit security code: _____