

# SAMURAI WRESTLING CLUB LLC.



**\* Freestyle \* Greco-Roman \* Folkstyle \***

\*\*\*\*\* An Officially-Chartered USA Wrestling Club \*\*\*\*\*

----- **NOW @ TWO LOCATIONS** -----

## Samurai Wrestling Club (East)

**Mondays & Wednesdays: 6-8pm**

University of Mount Union Wrestling Room

McPherson Academic Athletic Complex

1972 Clark Avenue

Alliance, Ohio 44601

## Registration & First Practice

**Monday, March 25**

**Register from 5:00-6:00**

**Practice from 6:00-8:00**

## Samurai Wrestling Club (West)

**Tuesdays & Thursdays: 6-8pm**

Jackson High School Wrestling Room

7600 Fulton Dr. NW

Massillon, Ohio 44646

(Enter through Doors 16w)

## Registration & First Practice

**Tuesday, March 26**

**Register from 5:00-6:00**

**Practice from 6:00-8:00**

----- Please have Current USA Card and paperwork completed at time of registration. -----  
Club fee is payable at the time of registration via check or cash please!

## PROGRAM & CLUB FOCUS

**Samurai translates as “One Who Serves.”** Our club focus is to serve those wrestling warriors in our area who are willing to put forth the extra efforts necessary to master their art and work to become champions on and off the mat by providing them opportunities to develop through instruction, practice, and competition. **This Wrestling Club is designed for the experienced and serious wrestlers from middle school through high school ages.** Since 2008, The Samurai Wrestling Club has helped produce well over 100 USA-Ohio National Team Members and several All-Americans including 2 National Champions!

We are an officially-chartered club under USA Wrestling and will conduct our operations to meet their standards. We will focus our instruction on teaching the fundamentals as well as advanced techniques and strategies in both Olympic Styles of wrestling (Freestyle & Greco-Roman). Along with our staff, it is our goal to bring in top-notch clinicians throughout the program.

The Samurai Wrestling Club LLC reserves the right to dismiss anyone who does not exemplify high ethical standards and sportsmanship and/or is deemed a detriment to the operation and focus of the club.

## DIRECTOR & STAFF

Club Director and Coach Jeff Kullman has been the The USA-Ohio National Teams Director for Freestyle and Greco-Roman for over 20 years. He was the 2011 USA Wrestling National Coaches Education Program Instructor of the Year. Coach Kullman has over 30 years of coaching experience with 22 years spent as the head coach of Minerva High School, and is currently an assistant coach at The University of Mount Union. In addition, he carries certifications through The National Academy of Sports Medicine (NASM) as a Certified Personal Trainer, Sports Performance Enhancement Specialist, and a Fitness Nutrition Specialist. He will be joined by several accomplished local high school and college coaches.

## CLUB MEMBERSHIP & FEES

### 1) USA WRESTLING COMPETITOR’S CARD:

- \* **All Wrestlers & Coaches MUST purchase a Current 2019 USA Wrestling Card.** (*Purchased after August 31, 2018*)
- \* **Go to: [www.usawmembership.com](http://www.usawmembership.com) and create an account to purchase your card.**
- \* **Make sure to register under [Samurai Wrestling Club in Ohio](#).**

- \* This card is a separate \$45 purchase from our club with all money going directly to the USA Wrestling National Office.
- \* This card is required for entry into all Sanctioned USA Wrestling State, Regional, and National Events; as well as club practices.
- \* This card Includes: \$1 million in secondary sports accident insurance. A 1-Year subscription to USA Wrestler Magazine, and \$35 in free downloaded USA Wrestling videos at [www.theWrestlingGreats.com](http://www.theWrestlingGreats.com)

### 2) SAMURAI WRESTLING CLUB LLC CLUB FEE / REGISTRATION & RELEASE

- \* **\$125.00 Club Fee** includes all practice sessions, instruction, clinician fees, and Club T-shirt.
- \* Complete Registration Form and have a parent or legal guardian sign the USA Release and Waiver of Liability
- \* Additional forms may be accessed through [Mount Union Athletics](#) website for wrestling.
- \* Note: This a closed club for [Samurai Club Members only](#). (“Drop-Ins” not permitted.)

**For more information, please contact Jeff Kullman @ 330-704-5588 or via email @ [jkullman2@neo.rr.com](mailto:jkullman2@neo.rr.com)**

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### 4-STEP REGISTRATION CHECK LIST: (Please have ready prior to registration.)

- Create a profile with USA Wrestling and purchase 2019 USA Wrestling Competitor’s Card (\$45.00)
- Club Fee: \$125.00 payable to **“SAMURAI WRESTLING CLUB LLC”**
- Complete and submit Samurai Wrestling Club Registration Form. (Attached)
- Complete and submit the USA Wrestling Waiver of Liability Form - signed by a parent/guardian- (Attached)

**- 2019 -**  
**SPRING SAMURAI WRESTLING CLUB LLC. REGISTRATION**

Wrestler's Full Name: \_\_\_\_\_

USA Wrestling Card #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<u>Registration Options:</u>	<u>Check One</u>
Samurai Wrestling Club (East) @ Mount Union	\$125.00 <input type="checkbox"/>
Samurai Wrestling Club (West)@ Jackson High School	\$125.00 <input type="checkbox"/>
All-Access to both East & West Sites	\$200.00 <input type="checkbox"/>

School District Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Wrestler's Cell Phone #: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Best email contact: \_\_\_\_\_

Participant's T-Shirt Size: (Included in fee)      Check One:     S     M     L     XL     2XL

Do parents/guardians carry hospitalization insurance? YES NO (circle one)

NOTE: This club does not carry medical insurance for participants. The participant's parent and/or legal guardians assume all responsibility for said insurance. Purchasing a USA Wrestling Competitor's/Coach's Card does insure participants with a secondary sports accident insurance.

**TO BE COMPLETED BY A CLUB ADMINISTRATOR**

Has Current 2019 USA Wrestling Competitor's Card.

\$125.00 Club Fee (East or West)

\$200.00 All-Access Club Fee (Both Sites)

**MAKE CHECKS OUT TO: SAMURAI WRESTLING CLUB LLC.**

Total Cost: \_\_\_\_\_

Paid in full:  Cash     Check #: \_\_\_\_\_

NOTES: \_\_\_\_\_

**\*MUST ALSO COMPLETE USA WRESTLING RELEASE AND WAIVER OF LIABILITY AGREEMENT ON BACK OF THIS PAGE.\***

**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 AGE 18 OR OLDER, 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: \_\_\_\_\_

**MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)**

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 RELEASEES 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 CLAIM 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: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE ( if participant is under the age of 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

