



# Instruction Registration & Log

<b>INSTRUCTION LEVELS</b> For All Age Groups	<b>SESSION RATES</b>
<b>Private Instruction</b> <b>Non Member - all year</b> One on One attention. Fridays & Weekends	<b>\$80. -1 Single Hour Session</b> <b>\$375. -5 Progressive Sessions</b>
<b>Private Instruction</b> <b>Member - in season</b> Pre-Season, Folkstyle or Freestyle. One on One attention. Fridays & Weekends	<b>\$60. -1 Single Hour Session</b> <b>\$275. -5 Progressive Sessions</b>
<b>Semi-Private Instruction</b> <b>Non Member - all year</b> 2 to 4 Athletes 2 wrestlers attend a lesson together. Fridays & Weekends	<b>\$40. -1 Single Hour Session</b> <b>\$175. -5 Progressive Sessions</b> per person
<b>Semi-Private Instruction</b> <b>Member - in season</b> 2 to 4 Athletes Pre-Season, Folkstyle or Freestyle. 2 wrestlers attend a lesson together. Fridays & Weekends	<b>\$30. -1 Single Hour Session</b> <b>\$125. -5 Progressive Sessions</b> per person

Instruction Level :  Private-Single  Private 5-Sessions  Semi-Private Single  Semi-Private 5-Session. I am a  Member  Non-Member of Academy

Wrestler's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ USAW Card # \_\_\_\_\_

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

Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_ or Credit Card \_\_\_\_\_

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

I certify that within the past three years I have had a physical examination and that the athlete is 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 Sunkist Kids Academy and Club, its staff, ASU and agents of 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

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

Athlete's Name	Total # of Lessons	Private	Semi Private	Instructor