



2014



# OLYMPIC WRESTLING CLUB

WELCOME TO the OLYMPIC WRESTLING CLUB!  
This wrestling club aims to help support and prepare the wrestlers of the community for their competitive years in high school and beyond.

Wrestlers will be trained by Life University Coach and NCAA All-American Mike Miller and learn from the Olympic styles of wrestling: Freestyle and Greco Roman. This will enable them to compete in age/weight USA Wrestling Tournaments around the Atlanta area during the spring months.

## REGISTRATION

**When:** March 25th

**Where:** Mountain View Wrestling room

**Time:** 6:45pm

**Cost:** \$80/wrestler with USA wrestling card.

MIDDLE SCHOOL

GRADES 6-8

HIGH SCHOOL

GRADES 9-12

The Wrestling Club is governed by USA Wrestling and adheres to USA Wrestling guidelines and is a part of the Mountain View Community School.

## PRACTICE

**Begins:** March 25th  
(runs thru middle of May)

Practice will occur each Tuesday and Thursday from 7:00-8:30pm in the Mountain View HS wrestling room.

## WEBSITE!

Visit [www.mountainviewwrestling.com](http://www.mountainviewwrestling.com) forms section for this information.

The Olympic Wrestling Club will be led by Coach Mike Miller.

Michael Miller, a three-time Ohio state champion and two-time All-American and NCAA Finalist (three-time qualifier) at Central Michigan University, comes to Life University from Darton College in Albany, Georgia, where he served as assistant coach. He also serves as a Team Georgia National Team Coach.

*Approved  
D. J. Miller  
Mountain View  
Community  
School*



**USA** wrestling

**2014 Spring Wrestling Club Registration**

**Wrestler name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's names** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Fee:**

**\$80.00** \_\_\_\_\_ (covers room rental cost, coaching)  
(The wrestler must already have a USA Wrestling Card to participate)

**Method of payment:**

**Cash** \_\_\_\_\_

**Check** \_\_\_\_\_

**Credit Card can be used via the MV Wrestling Website. ([www.mountainviewwrestling.com](http://www.mountainviewwrestling.com))**

**\*\*\*The following information must be filled out on each wrestler:**

**INSURER'S NAME** \_\_\_\_\_

**PARTICIPANT'S INSURANCE CO.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT I/WE AM/ARE THE LEGAL GUARDIAN OR PARENT OF THE PARTICIPANT. I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN WRESTLING AT MOUNTAIN VIEW H.S. I, THE PARENT OF THE ATHLETE, WILL BE RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL ATTENTION AND TREATMENT TO MY SON IN THE EVENT OF AN ACCIDENT OR INJURY.

I/WE, THE UNDERSIGNED, HEREBY ACKNOWLEDGE AND UNDERSTAND THAT NEITHER Mike Miller, GWINNETT COUNTY PUBLIC SCHOOLS, MOUNTAIN VIEW HIGH SCHOOL, OR ANYONE ASSOCIATED WITH THE MOUNTAIN VIEW WRESTLING PROGRAM IS LIABLE OR RESPONSIBLE FOR INJURIES THAT MIGHT OCCUR DURING THIS EVENT. MOUNTAIN VIEW IS NOT LIABLE FOR ANY COSTS OR TREATMENT RELATED TO INJURIES INCURRED.

I/WE, UNDERSIGNED, FOR OURSELVES, OUR HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE Mike Miller AND HIS STAFF, REPRESENTATIVES, EMPLOYEES, SUCCESSORS, AND AGENTS AND ASSIGN OF AND FROM ALL RIGHTS AND CLAIMS FOR DAMAGES, INJURY OR LOSS TO PERSON OR PROPERTY WHICH MAY BE SUSTAINED OR OCCUR DURING PARTICIPATION IN MOUNTAIN VIEW WRESTLING, WHETHER OR NOT DAMAGES, INJURY, OR LOSS IS DUE TO NEGLIGENCE.

**Parent signature:** \_\_\_\_\_