

# MEAN GENE YOUTH DUALS APPLICATION

TEAM NAME \_\_\_\_\_

HEAD COACH NAME \_\_\_\_\_

ALLSTAR TEAM OR BASIC CLUB TEAM? \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CHECK # \_\_\_\_\_ Payable to CNYPIN2WIN Inc.

Mail entry form/check to: Diane Tighe 252 Besaw Rd. Phoenix, N.Y. 13135

CONTACT INFO: DIANE TIGHE- (315) 598-1753

E-MAIL- [dtighe@twcny.rr.com](mailto:dtighe@twcny.rr.com)

Please enter my team in the Mean Gene Youth Duals. In consideration of your acceptance of my entry, I/We the undersigned: 1. Agree that prior to participating, each will inspect the facilities and equipment being used, and if they believe anything to be unsafe, they will immediately advise their coach or supervision of such condition(s) and refuse to participate. 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death, severe social and economic losses which might result not only from their actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or any other equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 3. Assume all the forgoing risks and accept personal responsibility for damages following such injury, permanent disability or death and or financial loss, I and my legal heirs do hereby discharge, waive and release and covenant not to sue for any and all claims for damages I/We may have against the CNY PIN 2 WIN (wrestling club) Inc., Gene Mills, Pin 2 Win Inc., Phoenix Schools and/or all tournament officials, sponsors, or administrators for any and all injuries suffered by me in connection with said tournament.

Club Rep.'s Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

