



# ARRICHION WRESTLING CLUB

## STRENGTH THROUGH FOCUS

### 2016-17 Season {New Format}

The Arrichion Wrestling Training System focuses on high percentage technical skills and purposeful movement. We believe in drilling. We give feedback. We don't teach fancy clinic moves that don't work. Our practices are planned, intense, and focused. We have structure, not chaos (unfortunately that's what happens in lots of club and school practice rooms). We know how to teach, how to break down moves, how to work with you where you are, and how to get you to where you need to go.

*We are committed to getting you better regardless of where you start.*

Everyone progresses at a different rate and we understand that. We deliberately keep our numbers small so we can provide individualized attention to accommodate you where you are.

Our focus is always on the takedown and takedown defense including stance, motion, changing levels, etc. By the very nature of focusing on the takedown you will learn to stand up off the bottom and to ride.

Arrichion and the Reynolds are known for takedown expertise. Some have criticized us as "JUST TAKEDOWN EXPERTS". We say to them, "Thank you" even though we've successfully beaten their guys in all positions.

*Here's why the Arrichion system emphasizes the takedown:*

- Takedowns WIN matches
- Scoring the first takedown in any wrestling match creates a HUGE advantage
- Coaches estimate that wrestlers who get the first takedown win 75-80% of the time
- You have to learn and drill the takedown until it becomes automatic (you don't have to think about it) and so it becomes your go-to signature move
- You will not learn takedowns at your school or any other club in North Carolina
- The takedown is the differentiator between good and not so good wrestlers regardless of the level--high school, college, Olympic.
- If you want to go to the next level you MUST be fundamentally sound on the takedown

This might be tough to hear, but we need to tell it like it is. It is the REALITY. EVERY wrestler we work with gets WORSE during the high school season. Every one, no exception. Think about it. We've taken kids to Disney. Flow, and Fargo who have beaten kids that are Pennsylvania state placewinners and champs yet they don't win the North Carolina state championships. Unbelievable. You know who they are. It's heartbreaking for those kids and their parents. It kills us as coaches.

It seems obvious, but we feel compelled to restate it--we can't be effective and you won't get results if you don't come to practice ready to learn. Some of you are great about making practice consistently. You know who you are. Some of you don't come to practice on a regular basis. You, also know who you are. The first step toward getting good is walking through the door.

**Questions:** Call Larry at 336.215.8358 or email [larry@arrichion.com](mailto:larry@arrichion.com)

Good coaches have some ego and we're no exception. We've proven our ability to coach national champions, state champions, and place-winners at every level. We can turn two-legged marshmallows into champions. We know that we can get you better on your feet (offensively and defensively)--a HUGE advantage. We are 100% committed to giving you the best in every Arrichion practice.

We WANT to work with kids who WANT to work and get better. We have a SYSTEM--other clubs don't have a system and your school programs don't have a system--proven to get results. We take our wrestling coaching results personally.

***Arrichion can make you better.***

***But, only if you buy into the following:***

- Committing to being at practice with mindset for learning
- Attending ALL practices (except for rare conflict). On time and ready to work
- Understanding that if you miss practice you are disrespecting your teammates and coaches
- Staying with the Arrichion system
- Keeping your eye on the process
- Making up your mind to wrestle on your feet in matches--it's a decision

***You can be even better if you and your parents commit to:***

- Wrestling at tournaments every weekend (at least every other weekend) during the fall and spring
- Entering two weight classes or divisions at every off-season tournament possible
- Taking advantage of the hot yoga and strength training at Arrichion (included with your wrestling membership)

***You should sign up now if:***

- You want to differentiate yourself from the other North Carolina wrestlers by getting good on your feet
- You want to work hard and with focus
- You're willing to put in the extra work--tournaments, hot yoga, weight lifting.

***You should save your money and everyone's time if:***

- You don't believe that being good on your feet is critical to becoming a good wrestler
- You can't or won't make the commitment to being at practice two times a week
- You don't want to wrestle the tournaments or work on your strength to get better

***The Arrichion Wrestling Club 2016-17 sessions will begin September 11, 2016 and end May 24, 2017. We will practice two days each week for an hour and half each session.***

<b>Greensboro practice times</b>	<b>Raleigh practice times</b>	<b>Charlotte practice times</b>
Sunday, 1-2:30 pm Tuesday, 6:15-7:45 pm*	Sunday, 1-2:30 pm Tuesday, 6-7:30 pm*	Sunday, 1-2:30 pm Wednesday, 6-7:30 pm*

*\*Weekday times will be adjusted during the high school season.*

***Cost for the program is \$1800 if paid in full; \$1875 if paid on monthly installments. Current USA Wrestling card is required (www.themat.com).***

Questions: Call Larry Reynolds at 336.215.8358. email [larry@arrichion.com](mailto:larry@arrichion.com)  
**Return Completed paperwork and payments by August 18.**  
 Mail: 1601 Guilford College Rd. Jamestown NC 27282  
 or email: [larry@arrichion.com](mailto:larry@arrichion.com) or fax 336.510.7321

**Questions:** Call Larry at 336.215.8358 or email [larry@arrichion.com](mailto:larry@arrichion.com)

## **TEAM ARRICHION REGISTRATION CHECK-OFF LIST**

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

### **Registration Packet**

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

### **USA Wrestling Medical Waiver Forms**

### **Copy of Current USA Wrestling Card**

\*\*\* Wrestlers should always have a current copy of their USA card with them at all times.



# TEAM ARRICHION WRESTLER INFORMATION FORM

## WRESTLER INFORMATION

---

First name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## PARENTS/GUARDIAN CONTACT INFORMATION

---

Mother's name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## WRESTLING BACKGROUND

---

USA Wrestling Membership #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Years in Wrestling: \_\_\_\_\_

2014-15 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: \_\_\_\_\_



# TUITION PAYMENT OPTION (FULL PAY)

Wrestler Name: \_\_\_\_\_

## TUITION FULL PAYMENT OPTIONS (Please select a program)

**Team Arrichion** .....\$1,800  
September 11 – May 24

## FORM OF PAYMENT (Please select a form of payment)

**Check** (attached. \*Please make check payable to Arrichion)

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

Credit Card Authorization:  Visa  Mastercard  Discover (select one, sorry no American Express)

Account Number \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

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 (Please attach a voided check or deposit slip)

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_ / \_\_\_\_\_  
Date

Printed Name \_\_\_\_\_

## AGREEMENT (Please read carefully, sign, and date.)

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



# TUITION PAYMENT OPTION (INSTALLMENT PLAN page 1 of 2)

Wrestler Name: \_\_\_\_\_

## TUITION INSTALLMENT PAYMENT OPTIONS\* (Please select a program)

- Team Arrichion** ..... **\$1,875** (\$475 deposit, \$1,400 remaining balance)  
September 11 – May 24

\*Balance must be paid in full by May 2017. All payments will be processed for the first of the month. \$475 deposit must be received with registration; installment amounts below:

	<b>Balance</b>	<b>Monthly payment</b> if debit begins October 1 (8 payments)
<b>Team Arrichion</b>	<b>\$1,400</b>	<b>\$175.00</b>

[ Continue to next page and select a form of payment. ]



# **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 (Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
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: \_\_\_\_\_