



**2018-19 Registration Form**

***A copy of your child's BIRTH CERTIFICATE is required for registration.***

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Child's Current Age: \_\_\_\_\_ Years Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month/Day/Year

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School Elem or JrHigh  
Attends: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home: \_\_\_\_\_

Occupation: \_\_\_\_\_ Resides with Y/N Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Work: \_\_\_\_\_

Are you on Facebook? Y/N

Father's Name: \_\_\_\_\_ Home: \_\_\_\_\_

Occupation: \_\_\_\_\_ Resides with Y/N Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Work: \_\_\_\_\_

Are you on Facebook? Y/N

Emergency Contacts: \_\_\_\_\_  
(Name, Relationship and Phone Numbers)

Emergency Contacts: \_\_\_\_\_  
(Name, Relationship and Phone Numbers)

What is your Child's Wrestling Level of Experience? Prior Teams: \_\_\_\_\_

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Wrestling Style: Folkstyle: Y/N \_\_\_ Yrs Freestyle: Y/N \_\_\_ Yrs Greco: Y/N \_\_\_ Yrs

Does your wrestler have any existing medical conditions, allergies or custodial  
arrangements we should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

please use pen only.