



2019-20 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.