

HEALDSBURG WRESTLING CLUB

Wrestling Card Number# _____

Last Name: _____ First Name _____ MI: _____

Male _____ Female _____ Age _____ Birth Date: _____ Grade _____

Parent Name/Guardian: _____ Relationship: _____

Home Phone: _____ Cell Number: _____ E-Mail: _____

Alt. Home#: _____ Alt. Cell#: _____ Alt. E-Mail: _____

Address: _____ City _____ ZIP _____

Mailing address. (If different) _____ City _____ ZIP _____

WHAT IS THE BEST E-MAIL ADDRESS TO REACH YOU? _____
(communication is primarily by e-mail, please let us know if this won't work for you)

How many years have you wrestled? _____ Short Size? _____ T-Shirt Size? _____

Emergency contact Information:

Name: _____ Relationship: _____ Phone Number: _____
(Other than parent)

Address: _____ City: _____ ZIP: _____

Carrier _____ Medical ID# _____

I consent for my child to participate in the Healdsburg wrestling program for the 2009-2010 season. I agree to assume all risks and hazards associated with my child's participation (Both during tournaments and any and all associated activities). Thank you for allowing your child to participate in our programs. INITIALS _____

Parent/Legal Guardian Signature _____ Date: _____

\$40.00 Per Wrestler *For more than 1 child per family take \$5 off total.*\$80.00 For wrestlers outside of the 95448
Amount Paid _____ Cash _____ Check _____ Full _____ Partial _____