

Renegade Wrestling Team Registration Form

Wrestler First Name: _____

Wrestler Last Name: _____

Wrestler Middle Name: _____

Years Wrestling: _____

Date of Birth: _____

Current Grade: _____

Gender: _____

Ethnicity _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Parent 1 Name: _____

Parent 2 Name: _____

****Copy of Birth Certificate Required****

Note: Remind 101 is the app. that we use to pass information of upcoming tournaments, practices and other miscellaneous info. Please provide any other cell phone numbers you'd like to add for these updates other than that is listed above.