



**WESTBANK WRESTLING CLUB**

1317 Curtis St, Harvey LA 70058

(504) 756-8589

westbankwrestling@hotmail.com

www.westbankwrestling.org



The WWC is a chartered member of:

**Louisiana USA Wrestling**

**MEMBERSHIP APPLICATION**

Sept. 1, 2019 – Aug. 31, 2020

*(Please Print)*

**Athlete**

**Coach**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Wrestler's Email (not required) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Wrestler's Cell # \_\_\_\_\_

School Wrestler Attends \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_

1. Parent's Name \_\_\_\_\_ Parent's Email \_\_\_\_\_

Parent's Cell # \_\_\_\_\_

2. Parent's Name \_\_\_\_\_ Parent's Email \_\_\_\_\_

Parent's Cell # \_\_\_\_\_

Medical Condition and Emergency contacts \_\_\_\_\_

I agree to hold the Westbank Wrestling Club or any duly authorized representative(s) free and harmless against any and all injuries, which the above mentioned child may sustain as a result of, or occurring because of participation to which I have granted permission. I also understand that my child may be photographed, video-taped or filmed while participating and it may be used on our webpage or other media. I have received and read a copy of the "Release and Waiver" form and understand that it is available at [www.westbankwrestling.org](http://www.westbankwrestling.org).

\_\_\_\_\_  
Signature (Parent or Guardian's if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Minor

"Office use only"

pd	USAW#	AAU#	Age grp	shirt		wgt