

# JAMESBURG



# WRESTLING

## Jamesburg Wrestling Registration Form

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ School: \_\_\_\_\_

Approx. Weight: \_\_\_\_\_ YR of Experience \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Staff Use Only----- Payment

Made Yes ☐ No ☐ If YES: Payment Type \_\_\_\_\_

Check ☐ Check# \_\_\_\_\_ Cash ☐ Amount Paid ( \_\_\_\_\_ )