



## Jamesburg Wrestling Registration Form

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

Staff Use Only-----

Payment Made Yes (  ) No (  ) If YES: Payment Type \_\_\_\_\_

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

I hereby give my permission for \_\_\_\_\_ to wrestle in the  
2023/2024 Wrestling Season for Jamesburg Rec. Wrestling. I have also carefully read the  
above registration form and fully understand the material contained in it.

Parents/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

