



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: _____

Staff Use Only-----

Payment Made Yes () No () If YES: Payment Type _____

Check () Check# _____ Cash () Amount Paid (_____)

Parent/Guardian Signature _____

