

AMERICAN WARRIOR WRESTLING

AmericanWarriorWrestling.com



NO BULL - REGISTRATION

USA WRESTLING MEMBER ID#: _____

Participants Name _____

Last Name

First Name

MI

Address _____

Street

City

State

Zip code

Age: _____ DOB: _____ Approx weight _____ Years of wrestling experience _____

Mobile #: _____ Email: _____

Current school of attendance: _____ Current Grade: _____

Social Media: _____

How did you learn of American Warrior Wrestling? **Google** **Facebook** **Friend**

Other _____

PARENT or GUARDIAN CONTACT INFORMATION:

Parent or Guardian's Name: _____
Last Name _____ First Name _____

Address: _____
Street _____ City _____ State _____ zip code _____

Primary Phone #: _____ Email: _____

Social Media: _____

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Other _____

Administrative Notes:

Date Payment Received: _____ or Paid on site: _____

Payment Method: Cash _____ Check _____ Paypal _____ TrackWrestling _____

Liability Waiver signed by parent or guardian of athlete: USAW Waiver _____

AWW Waiver _____