



# AMERICAN WARRIOR WRESTLING

AmericanWarriorWrestling.com

## CAMP MEMBERSHIP REGISTRATION FORM

USA WRESTLING MEMBER ID#: \_\_\_\_\_

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: \_\_\_\_\_

Previous Wrestling camps attended: \_\_\_\_\_  
\_\_\_\_\_

Previous wrestling tournaments attended: \_\_\_\_\_  
\_\_\_\_\_

How did you learn of American Warrior Wrestling (Please Circle or Comment)?

Google Facebook Yelp Wrestling Coach Other: \_\_\_\_\_



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## PARENT or GUARDIAN CONTACT INFORMATION:

Mother's or Primary Guardian's Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street City State zip code

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

Employer Name and Phone # (optional for emergency contact purposes)

\_\_\_\_\_

Social media \_\_\_\_\_

Father's or Alternates Guardian's Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street City State zip code

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

Employer Name and Phone # (optional: for emergency contact purposes)

\_\_\_\_\_

Social Media: \_\_\_\_\_



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## ADDITIONAL EMERGENCY CONTACT:

#1 Name \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone: \_\_\_\_\_

The following information is voluntary information. It is used for the purposes to provide information to medical responders in the event the child becomes injured and needs emergency medical care in the absence of a parent or guardian.

Known medical conditions: \_\_\_\_\_

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Known allergies: \_\_\_\_\_

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Current medications: \_\_\_\_\_

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Other concerns/Issues: \_\_\_\_\_

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