

2024-2025 U.P. Power Youth Wrestling Registration

Wrestler Name:

Address: _____

MALE/FEMALE (Circle one) Weight (lbs): _____

Birthdate: _____ Years Experience Wrestling: _____

Allergies : _____

Medications or other medical information we should know: _____

Mother's name: _____ Phone: _____

E-mail address: _____

Father's Name: _____ Phone: _____

E-mail address: _____

I understand as a parent or guardian of a wrestler in U.P. Power Youth Wrestling, I have to register my child with either USA wrestling or MYWAY. Should any injury or accident occur, U.P. Power Youth Wrestling Club will not be held responsible for any expenses incurred.

Signature of Parent or Guardian: _____

Please indicate which membership your child will be participating in:

☐

MYWAY

☐

USA WRESTLING

For Club Treasurer use only:

\$40 Registration fee PAID _____