

# Belvidere Braves Wrestling Registration Form

One Child: \$90.00 Two Children: \$150.00 Three + \$180.00

I hereby give permission for \_\_\_\_\_  
to participate in the above sport. I understand that I am responsible for his/her  
transportation to all practices and competitive events. I understand that all insurance  
claims will be presented to my own insurance carrier first and to Belvidere Wrestling  
second. I have signed all conduct forms and waivers.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Grade: \_\_\_\_\_ School/Municipality \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ (text? Yes/no)

Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Medical Conditions/Allergies/Medications Relevant to Participation:

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

By Signing above, I hereby attest that we reside in a sending district of  
Belvidere High School. Checks can be made to Belvidere Braves Wrestling or  
paid online at our website [belviderebraveswrestling.com](http://belviderebraveswrestling.com). You can also send to  
our venmo but be sure to include name of athlete(s) Please contact Coach  
Justin Lutz (9084770116) with any questions you may have. Please email  
completed form to [belviderebraveswrestling@yahoo.com](mailto:belviderebraveswrestling@yahoo.com).

Venmo = @B\_Braves\_Wrestling

[https://www.venmo.com/u/B\\_Braves\\_Wrestling](https://www.venmo.com/u/B_Braves_Wrestling)



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