

Belvidere Braves Wrestling Registration Form

2023-2024

One Child: \$65.00

Two Children: \$120.00

Three + \$150.00

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.

Please Print

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. Please contact Coach Justin Lutz (9084770116) with any questions you may have. Please email completed form to belviderebraveswrestling@yahoo.com.

