

2009-2010 Elk River Wrestling Registration Information



Today's Date: _____

Wrestler Name: _____

School attending: _____

Birth Date: ____ / ____ / ____ Grade: _____

Registration Fee: **\$155.00**

Mothers Name: _____ Fathers Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Zip code: _____ Zip Code: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact if parents can not be reached? _____

Special Needs:

Yes/No Has your child had any health concerns that we should be aware of? If Yes, please list:

I certify the information given above is true and complete to the best of my knowledge.

Parent/Guardian Signature: _____