

Ashwaubenon Wrestling Club Registration Form

Childs Name _____ Grade _____ School _____

of year's wrestling _____. Indicate experience level 0-5 / 0 being beginner 5 expert _____

Parent/Guardian _____

Address _____

E-mail address _____ Phone _____

Second Contact person

Name _____ Phone _____

Medical

Doctor _____ Preferred Hospital _____

Is your child currently on medication? _____

Asthma/Allergies/Drug sensitivities/other problems _____

I, as parent/guardian, give permission to my child's coach/staff to get emergency treatment in the event of an accident or injury if you are not immediately available to attend to the situation at hand.

Signature _____ Date _____

Registration fee \$20.00 (maximum \$30.00/family)

Park & Recreation additional fee for non-resident school choice \$15.00/child

Equipment/Volunteer Deposit \$50.00 each child

Wrestler shirt size _____ Pants size _____

----- Club Use only -----

Registration Fee _____ Check#/Cash _____

Equipment Deposit _____ Check#/Cash _____

Singlet # _____ Head gear # _____