



VS YOUTH WRESTLING

2019-20 REGISTRATION FORM

WRESTLERS NAME: _____ GRADE: _____ WRESTLERS DOB: _____

WEIGHT: _____ SHIRT SIZE: _____ SHORT SIZE: _____ CURRENT SCHOOL: _____

PARENT/GUARDIAN: _____ TEL: _____

EMERGENCY CONTACT: _____ EMERGENCY TEL: _____

ADDRESS: _____

EMAIL: _____ USA WC: _____

(USA Wrestlers Card is a mandatory insurance card and cost \$15 which can be obtained at www.usawmembership.com)

PARENT/GUARDIAN PERMISSION SIGNATURE: _____

PAYMENT: _____

Note – Registration fee must be paid on day of registration and are non-refundable