

Ranger Wrestling Camp Registration Form

Contact Information

First name

Last name

Date of birth

Age/Grade

Weight

Address Information

Street address

Street address line 2

City

State

Postal zip code

Parent's Information

Parent's/Guardian's name

Phone number

Place of work

Email address

Emergency Contact 1

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Emergency Contact 2

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Please list any medical conditions or concerns