

Rugged Wrestling Club

Registration Form

Name: _____	Boy: ____ / Girl: ____
Birth date: ____/____/____ Age: _____ Weight: _____ lbs	Grade: _____
Address: _____	Home Phone: (____) _____
Town: _____ State: _____ Zip: _____	Cell: (____) _____
Parents' e-mail address: _____	
Alternate e-mail address: _____	
Have you wrestled before (circle all that apply): Youth Program / Modified / JV / V	
Years of Experience: _____	
School: _____	
Referred by: _____	

EMERGENCY CONTACT INFORMATION:

CONTACT 1

Name: _____

Relationship to Wrestler: _____

Home Phone: (____) _____

Cell: (____) _____

Email Address: _____

CONTACT 2

Name: _____

Relationship to Wrestler: _____

Home Phone: (____) _____

Cell: (____) _____

Email Address: _____

HEALTH INFORMATION:

Medical Condition(s): _____

Physician Name: _____ Office #: (____) _____

Address: _____

Town: _____ State: _____ Zip: _____

Insurance Carrier: _____ Policy #: _____ Group #: _____