



WESTBANK WRESTLING CLUB

1317 Curtis St, Harvey LA 70058

(504) 756-8589

westbankwrestling@hotmail.com

www.westbankwrestling.org



The WWC is a chartered member of:

Louisiana USA Wrestling

MEMBERSHIP APPLICATION

Sept. 1, 2018 – Aug. 31, 2019

(Please Print)

Athlete

Coach

First Name _____ Last Name _____

Date of Birth: Month _____ Day _____ Year _____

Mailing Address _____

City _____ Zip _____

Wrestler's Email (not required) _____

Home Phone # _____ Wrestler's Cell # _____

School Wrestler Attends _____ Grade _____ Shirt Size _____

1. Parent's Name _____ Parent's Email _____

Parent's Cell # _____

2. Parent's Name _____ Parent's Email _____

Parent's Cell # _____

Medical Condition and Emergency contacts _____

I agree to hold the Westbank Wrestling Club or any duly authorized representative(s) free and harmless against any and all injuries, which the above mentioned child may sustain as a result of, or occurring because of participation to which I have granted permission. I also understand that my child may be photographed, video-taped or filmed while participating and it may be used on our webpage or other media. I have received and read a copy of the "Release and Waiver" form and understand that it is available at www.westbankwrestling.org.

Signature (Parent or Guardian's if under 18)

Date

Print Name

Relationship to Minor

"Office use only"

pd	USAW#	AAU#	Age grp	shirt		wgt