



# LEE'S SUMMIT WRESTLING CLUB

## REGISTRATION FORM 2011-2012

WRESTLER'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City

State

Zip

CONTACT PHONE #1: \_\_\_\_\_  HOME  CELL  WORK

CONTACT PHONE: #2 \_\_\_\_\_  HOME  CELL  WORK

EMAIL #1\*: \_\_\_\_\_ \*important: all club correspondence done via email

EMAIL #2: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE YOU INTERESTED IN: [ ] COACHING [ ] HELPING WITH THE CLUB FUNCTIONS

IS THE WRESTLER CURRENTLY ON ANY MEDICATIONS, OR HAVE ANY MEDICAL OR PHYSICAL CONDITION THAT THE CLUB SHOULD BE AWARE OF:

DRUG SENSITIVITIES/ALLERGIES: \_\_\_\_\_

HOW MANY YEARS HAS YOUR WRESTLER BEEN INVOLVED IN CLUB WRESTLING? \_\_\_\_\_

IF YOUR WRESTLER EVER BEEN TO THE STATE CHAMPIONSHIP (NOT ROOKIE STATE), WHAT WAS HIS/HER BEST FINISH? \_\_\_\_\_ HOW MANY TIMES HAS HE/SHE BEEN TO STATE? \_\_\_\_\_

IF THIS IS YOUR WRESTLER'S FIRST SEASON WITH LSWC, HOW DID YOU FIRST HEAR ABOUT THE CLUB? \_\_\_\_\_

DOES THE CLUB HAVE YOUR PERMISSION TO POST YOUR WRESTLER'S NAME AND PICTURE ON OUR WEB SITE:

[ ] YES, POSTING ON THE WEB SITE IS FINE [ ] NO, PLEASE DO NOT POST ON THE WEB SITE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CIRCLE YOUR WRESTLER'S T-SHIRT SIZE (ONE ONLY):

Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large
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ATHLETE HAS PAID: CASH  CHECK  # \_\_\_\_\_ AMOUNT: \_\_\_\_\_ BIRTH CERT:  WAIVER: