

MO WEST CHAMPIONSHIP WRESTLING CLUB
Spring/Summer 2008

Wrestler's Name: _____

Birthdate: _____ Age: _____ Grade: _____ School: _____

Weight: _____ Cell Phone: _____ Email: _____

Prior Wrestling Experience-where and how long _____

Wrestler Lives with: _____

Mother: _____ Father: _____

Address: _____ Address: _____

City, St., Zip: _____ City, St., Zip: _____

Phone Home: _____ Phone Home: _____

Work: _____ Work: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Team shirt(circle one): YM YL AS AM AL XL 2XL 3XL

Team shorts(circle one): YM YL AS AM AL XL 2XL 3XL

MEDICAL INFORMATION FOR EMERGENCY PURPOSES ONLY

Is the above wrestler presently on medication of any kind and if so
please give details: _____

Does the above wrestler have any drug allergies or a medical condition
a physician should know about, and if so please give details: _____

Please indicate another person to contact in the event of an emergency
and we are unable to reach you.

Name: _____ Relationship: _____

Phone #'s: _____

Family physician: _____ Phone #: _____

Insurance: _____ Policy #: _____

Parent/Guardian Signature: _____

(office Use Only)

Notes: _____

High School Club Fee \$180 _____

Youth Club Fee \$90 _____

USA Wrestling 07-08 Membership \$30 _____
(09/01/06 thru 08/31/2007)

Total _____

Cash _____ Check # _____