

# Lower Cape Youth Wrestling

## Registration Form

Wrestlers Information :PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Parents Info Name & Number: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Concerns (In-haler, etc.) \_\_\_\_\_

Goals for Up-coming Season: \_\_\_\_\_

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For Office Use:

Check #: \_\_\_\_\_

Paid: \_\_\_\_\_

WAIVER Y/N \_\_\_\_\_