

Stockton Elite Wrestling Club

Wrestlers Name: _____ Age: _____ Grade: _____

School: _____ District: _____

Date of Birth: _____ Wrestling Experience: _____

Weight: _____ Phone # (Cell): _____

Please mark yes here if correspondence can be made by text _____
(ie: practice changes, cancellation of practice, tournament updates, etc.)

Parents Name: _____

Address: _____ City/Zip Code: _____

Email Address: _____

(All correspondence will be done via email if you do not want text updates)

Phone # (Home): _____ Phone # (Work) _____

Emergency Contact Person: _____
(Other than Parent)

Emergency Contact Phone Number (Home): _____

Emergency Contact Phone Number (Cell): _____

Physician: _____ Physician Phone #: _____

If I or the emergency contact can not be contacted, I _____, parent/guardian of
_____, give permission for a representative of Stockton Elite
Wrestling Club to transport child to the nearest emergency facility.

Signature: _____ Date: _____

Print Name: _____

I understand all club dues are non-refundable _____ (initial here)

For Stockton Elite Wrestling Club use:

Total Paid: _____ Cash/Check# _____

_____ 2012-2013 USA Wrestling Card Copy Received