

Wrestlers Name: _____
Birthdate: _____ Age (as of 1/1/2024) _____
School: _____ Grade: _____ T-shirt size: _____
Approx. Weight: _____ Years of Experience: _____

Parent 1/ Guardian 1 Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Parent 2/ Guardian 2 Information

Name: _____
Street Address (if diff.): _____
City: _____ State: _____ Zip: _____
Phone: _____

Medical Information

Primary Care Doc: _____ Phone: _____
Insurance Provider: _____
Policy Number: _____ Phone: _____

Meet Information

Place a number 1 and 2 next to home meet help assignments in order of preference. All parents will be required to help at all home matches.

Concessions: _____
Admissions: _____