Wrestlers Name:_____

Birthdate:_____ Age (as of 1/1/2026)_____

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

We will be hosting one home match this year. One adult per wrestler will be required to volunteer that day. The volunteer schedule will be sent out prior to match day.