

Cardinal Youth Wrestling Registration Form

2014/2015 Season

Wrestler Information:

First name _____ Last name _____

Date of Birth: _____ Age: _____ Grade: _____

Address _____

Parent/Guardian Information:

Parent #1 Name _____

Email _____

Home Phone: _____ Cell Phone: _____

Parent #2 Name _____

Email _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (if parent cannot be reached):

Name _____ Relationship: _____

Primary phone number _____

If you have any questions please contact Dave Secor 201-704-0240, Don Wagner 973-390-7891, Mike Jones 201-704-6147 or John Miller 973-476-9107

Registration Fee _____ Check #: _____ Cash: _____

Uniform Deposit _____ Check #: _____

Total _____

Forms: _____ Birth Certificate _____ Liability Release