TEAM BRAVES

WRESTLING CLUB
W.A.W.A. 2009 REGISTRATION FORM

Wrestler's Name: _____ Age: _____ DOB: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

City: _____ Zip: _____ E-mail Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone 1: _____ Phone 2: _____

Emergency Contact: _____ Phone 1: _____ Phone 2: _____

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PARENT OR GUARDIAN CONSENT TO PARTICIPATE

I, _____, give my permission for _____
(parent's name) ***(Child's Name)***
to participate in the sport of wrestling with Team Braves Wrestling Club. I understand that this permission increases the exposure of my child to unforeseen circumstances which Team Braves Wrestling Club or Laramie County School District #1 are not held liable.

Parent or Guardian Signature: _____ Date: _____

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Wrestler's age: _____ Wrestler's Weight: _____

T-Shirt Size: YS____ YM____ YL____ AS____ AM____ AL____ AXL____

Shorts Size: YS____ YM____ YL____ AS____ AM____ AL____ AXL____

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OFFICE USE ONLY

Membership Fee $75
Cash _____ Check # _____
Copy of Birth Certificate: _____

Team Braves will supply the team singlet WITH a $65 deposit at an assigned date.