



2015 Wrestling Registration Form

Youth Wrestling

Location: Oracle

Player's Name (print)			Telephone Number
Current Age	Current Grade	Years Exp.	Boy or Girl
Grade: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Kinder-1st (limit of 4) </div> <div style="text-align: center;"> 2nd-8th (limit of 16) </div> </div>			
Weight (approximate) _____			
PLAYER'S T SHIRT SIZE (t shirts may shrink)			
Youth Small (6-8)	Youth Medium (8-10)	Youth Large (10-12)	
Adult S	Adult M	Adult L	Adult XL
Parent/Guardian			Parent/Guardian Phone
Parent/Guardian street address <i>AND</i> email address			
Does this child have any disabilities, injuries or medical conditions?			Yes or No
If yes, please explain.			

Acknowledgement and consent: I acknowledge that the events will be a play at your own risk. Thereby no medical insurance is expressed for participant. I hereby release, discharge or hold harmless any participants, employees or volunteers from any claims arising out of playing or practicing at an event. I give my consent for participant to be photographed.

Parent Signature	Date
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***PLEASE GIVE ALL REGISTRATION FORMS AND MONEY TO ROSA FLORES OR TO YOUR STUDENTS TEACHER. NO SCHOLARSHIPS ARE BEING OFFERED AT THIS TIME.**

Registrars Use Only

Fee	Amt Paid	Check #/Cash	Other Info	Registrar's Initials
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1 st Child	\$35
2 nd Child	\$30
3 rd Child +	\$25