

MID-MICHIGAN WRESTLING ASSOCIATION REGISTRATION FORM 2017-18

Attach Copy of Birth Certificate for any new wrestler.

Concussion form please check if Club has a copy

WRESTLER'S NAME: _____ T-Shirt Size: _____
(Please Print)

HOME ADDRESS: _____
Number & Street City Zip

PHONE: (_____) _____ BIRTHDATE: _____ USA NUMBER _____
(Club coaches will obtain USA Wrestling Membership Number)

Gender: Male Female (circle one please)

Email: _____

DID WRESTLER EVER WRESTLE FOR MMWA BEFORE THIS YEAR? ____ Yes ____ No

HOME SCHOOL DISTRICT: _____

PARENTS OR GUARDIAN: _____

EMERGENCY CONTACT: _____ (_____) _____

I (We) do hereby release the Mid-Michigan Wrestling Association, USA Wrestling and its Membership/Hosting Clubs of any responsibility for injury or illness. This signature also confirms Club has a copy of concussion form.

Signature of Parent or Guardian Date
(Must have signature in order to be eligible.)