



TALLMADGE YOUTH WRESTLING CAMP REGISTRATION FORM

*** Complete one form for each WRESTLER**

Wrestler's Name: _____ Date of Birth: _____

Current Age: _____ Approximate Weight: _____ Grade: _____

Home Address _____ City: _____

Home Phone: _____ Emergency Phone: _____

Mother's Name: _____ Cell Phone: _____

E-Mail: _____

Father's Name: _____ Cell Phone: _____

E-Mail: _____

List Any Medical Conditions or Restrictions: _____

Wrestler's T-Shirt Size: _____ (Youth Small) _____ (Youth Medium) _____ (Youth Large)

_____ (Adult Small) _____ (Adult Medium) _____ (Adult Large)

Wrestler's Short Size: _____ (Youth Small) _____ (Youth Medium) _____ (Youth Large)

_____ (Adult Small) _____ (Adult Medium) _____ (Adult Large)

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY SON OR DAUGHTER'S ENTRY INTO THE TALLMADGE YOUTH WRESTLING PROGRAM, I DECLARE THAT I WILL NOT HOLD LIABLE IN ANY WAY THE TALLMADGE ATHLETIC BOOSTER CLUB, THE TALLMADGE YOUTH WRESTLING PROGRAM, THE TALLMADGE BOARD OF EDUCATION, AND/OR ANY COACHES FOR DAMAGES, INJURIES, OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY WHILE MY SON/DAUGHTER COMPETES IN THIS PROGRAM.

* FEES: First Wrestler (\$20.00), Second Wrestler (\$15.00), Third Wrestler (\$10.00)

* Make Check Payable to: Tallmadge Youth Wrestling

* Enclose proof of AGE. (Copy of Birth Certificate)

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

(Any Questions, please feel free to contact: Dan Amato at (330) 352-8958 or (330) 633-6524)

TYW USE ONLY:

Check Amount: _____ Number: _____ Siblings: _____, _____

Cash Amount: _____, _____