



# TALLMADGE YOUTH WRESTLING 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 (\$50.00), Second Wrestler (\$40.00), Third Wrestler (\$30.00)

\* 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: \_\_\_\_\_, \_\_\_\_\_