

Napoleon Youth Wrestling Club

REGISTRATION FORM

PLEASE PRINT CLEARLY

Today's Date:			Shirt Size:		
WRESTLER INFORMATION					
Wrestlers Last Name:		First Name:		Have you wrestled before:	
Preferred Nickname (if any):		Do you have MYWAY Experience:		If you've wrestled before, please list club(s):	
Birth date:	Age:	Sex:	Weight:	Please be sure all parent/guardian contact information is listed below. This will be used to send updates, changes, and club information.	
		<input type="checkbox"/> M <input type="checkbox"/> F			
Address:					
Street Address:					
City:					
State:			Zip Code:		
Parent e-mail address:					
PARENT/CONTACT INFORMATION					
Parent/Guardian Name:		Address (if different):		Cell Phone Number:	
IN CASE OF EMERGENCY					
Name of Emergency Contact #1:		Relationship to Wrestler:	Cell #:	Home #:	
Name of Emergency Contact #2:		Relationship to Wrestler:	Cell #:	Home #:	
<p>_____ has my permission to participate in the N.Y.W.C. program under the direction of Zach Kanaan, other high school/graduate wrestlers and assistants. I will not hold N.Y.W.C. or Napoleon School District responsible for injuries my child may sustain during this activity.</p>					
Interested in volunteering with the club? YES NO					
Patient/Guardian signature				Date	
Please make check payable to Napoleon Youth Wrestling Club (NYWC) \$65.00 / Wrestler					