

Wildcat Wrestling Club

SEND COMPLETED FORM, NU WAIVER AND PAYMENT TO: Wildcat Wrestling Club, c/o Mark Massery, 3820 Timbers Edge, Glenview, Illinois 60025

IF POSSIBLE PLEASE SUBMIT ELECTRONIC COPY INSTEAD OF THIS FORM

Student's Name: _____

Mother's Name: _____

Father's Name: _____

Home Address: _____

City: _____

State and Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Insurance Company: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relation to Student: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relation to Student: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Student Information/Background

Age: _____ Weight: _____

Grade: _____ School: _____

Years in Wrestling: _____

Allergies/Medial Conditions: _____ (Please Explain)

USA Card # (Required 2005 - 2006): _____

Comments: _____