CONTACT AND MEDICAL INFORMATION

PERSONAL INFORMATION

Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Division (Circle 1):

	Tot	Bantam	Intermediate	Novice	Senior
Birthday Between	1/1/20 & After	1/1/18-12/31/20	1/1/16-12/31/18	1/1/14-12/31/16	1/1/12-12/31/14

EMERGENCY CONTACT

Name 1: _____

Relationship 1: _____

Phone 1: _____

Email 1: _____

Name 2: _____

Relationship 2: _____

Phone 2: _____

Email 2: _____

MEDICAL INFORMATION

Primary Doctor: _____

Medical Conditions: _____

_____.

*With my signature, I give the Morrison Wrestling Club consent to take photos of my child and post them online to help promote the club.

PARENT/GUARDIAN:_____DATE:_____