



Lancer Wrestling Club

2009/2010 REGISTRATION FORM



****PLEASE PRINT AND FILL OUT COMPLETELY****

WRESTLER'S FULL NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE: _____ **BIRTHDATE:** ____/____/____

NAME OF SCHOOL PRESENTLY ATTENDING: _____

GRADE: _____

WHAT HIGH SCHOOL WILL YOU BE ATTENDING: _____

APPROX. WEIGHT _____

Have you wrestled before? _____ **How many years experience?** _____

What Club(s) / School? _____

COPY OF WRESTLER'S BIRTH CERTIFICATE MUST ACCOMPANY REGISTRATION

Mother's Name _____ **Father's Name** _____

Home Phone: _____ **Home Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Email: _____ **Email:** _____

By signing this, I am giving my child permission to wrestle in the Lancer Wrestling Club.

SIGNATURE OF PARENT/GUARDIAN

DATE

LWC Registration Fee = \$200.00
(Checks made payable to Lancer Wrestling Club)