Registration Form 2018-2019 Xenia Youth Wrestling

Participant's Name: _____

Address: _____

Home Telephone Number: _____

Grade: _____ Age: _____ Birth Date: _____

Years Wrestled: _____ Weight: _____

Father's Name: _____cell: _____

Father's Email: _____

Mother's Name: _____cell: _____

Mother's Email: _____

Other Email: _____

Would parent/guardian be interested in being a coach? (circle one) yes no

If yes please list coach's shirt size (circle one): AS AM AL AXL AXXL

Parent/Guardian Signature _____ Date_____

T-shirt Size: (circle one) YS YM YL AS AM AL AXL

Pant Size: (circle one) YS YM YL AS AM AL AXL

Fee: ___ Payable to Xenia Youth Wrestling (non-refundable after 11-12-17)

_____check _____check number _____Cash

******This page, payment, AND the following forms MUST be turned in before your child can practice******

____ Current physical signed by a physician and dated within 1 year ____ Application

____ USA Wrestling Liability Waiver ____ XYW code of conduct

____ USA Wrestling Emergency Medical Form

____ Skin lesion release if needed—must be signed by a physician

____ Copy of birth certificate ____Lindsay's Law Signature Form