

WRESTLING
REGISTRATION FORM
2018 - 2019 SEASON



FAMILY LAST NAME: _____

Father's Full Name: _____ **Mother's Full Name:** _____

Address: _____ **Address:** _____

Subdivision: _____ **Subdivision:** _____

Home/Cell Phone: _____ **Home/Cell Phone:** _____

Email: _____ **Email:** _____

How did you hear about the Pioneer Wrestling? _____

OLDEST CHILD INFO: **Name:** _____ **Date of Birth:** _____

Current Grade: _____ **School:** _____ **Sweatshirt Size:** Youth Adult **Size:** _____

Medical Issues: _____ **Approximate Weight:** _____

Number of Years Wrestling: _____ **Consecutive Years With Pioneer Wrestling:** _____

SECOND CHILD INFO: **Name:** _____ **Date of Birth:** _____

Current Grade: _____ **School:** _____ **Sweatshirt Size:** Youth Adult **Size:** _____

Medical Issues: _____ **Approximate Weight:** _____

Number of Years Wrestling: _____ **Consecutive Years With Pioneer Wrestling:** _____

THIRD CHILD INFO: **Name:** _____ **Date of Birth:** _____

Current Grade: _____ **School:** _____ **Sweatshirt Size:** Youth Adult **Size:** _____

Medical Issues: _____ **Approximate Weight:** _____

Number of Years Wrestling: _____ **Consecutive Years With Pioneer Wrestling:** _____

FOURTH CHILD INFO: **Name:** _____ **Date of Birth:** _____

Current Grade: _____ **School:** _____ **Sweatshirt Size:** Youth Adult **Size:** _____

Medical Issues: _____ **Approximate Weight:** _____

Number of Years Wrestling: _____ **Consecutive Years With Pioneer Wrestling:** _____