Club Administration	Fall	Spring
Club Fee		
USAW Card		
Waiver		
Code of Conduct		

Wrestler Information

Last Name _____ First Name _____

Year of Birth _____ School Year K 1 2 3 4 5 6 7 8 9 10 11 12

Weight _____

Parent or Guardian Information

Last Name _____ First Name _____

Email _____

Telephone _____

Please add any information you believe may be of importance:

_____

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