



Arlington Storm Wrestling Club REGISTRATION FORM

Wrestler's Name _____
Last First Middle

Date of Birth _____ Male Female

Age on September 1st, 2009 _____ Grade in School _____

School Attending _____

Father's Name _____

Address _____
Street City Zip

Home Phone (____) _____ Cell Phone (____) _____

E-Mail (PRINT CLEARLY) _____

Mother's Name _____

Address (if different) _____
Street City Zip

Home Phone (____) _____ Cell Phone (____) _____

E-Mail (PRINT CLEARLY) _____

Questions for New Wrestlers to Arlington Storm Wrestling Club:

Has this child **EVER** wrestled in a USA or TXUSA Tournament? _____

If so, how many years experience does this child have? _____

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FOR OFFICE USE ONLY

Division (Tot - 5) _____ R / N / O (circle one)

Anticipated Weight _____

USA Card Number _____

Paid Date _____ Cash / Check# _____

Birth Certificate on File

Emergency Information Form

Rules & Behavior Contract Form