

**2010- 2011 WARRIOR WRESTLING YOUTH CLUB  
REGISTRATION FORM**

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Wrestler's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  Male  Female

Age on September 1<sup>st</sup>, 2010 \_\_\_\_\_ 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 WARRIOR 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) | <input type="checkbox"/> Paid Date _____ Cash / Check# _____ |
| Anticipated Weight _____                        | <input type="checkbox"/> Birth Certificate on File           |
| USA Card Number _____                           | <input type="checkbox"/> Emergency Information Form          |
|   | <input type="checkbox"/> Rules & Behavior Contract Form      |