



# Wrestling

## 2009-2010 Club Registration Form

Wrestler's Name \_\_\_\_\_  
Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

School Attends \_\_\_\_\_ Grade \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Wrestled \_\_\_\_\_ years  
Shirt size yS, yM, yL, yXL, aS, aM, aL aXL  
Short size yS, yM, yL, yXL, aS, aM, aL aXL

**MOTHER/Guardian Name** \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_  
Email address \_\_\_\_\_

**FATHER/Guardian Name** \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_  
Email address \_\_\_\_\_

Wrestler resides with \_\_\_ Mother \_\_\_ Father \_\_\_ Both

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Health considerations (e.g., asthma, allergies, previous injury) \_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/policy # \_\_\_\_\_  
ID # \_\_\_\_\_

**K - 5th grades \$175 Fee**      **6th - 8th Grades \$200 Fee**

Parent Signature \_\_\_\_\_

Wrestler Signature \_\_\_\_\_

Please mail with **check** (payable to ASA) to:  
Carra Castagnero 387-9436  
1112 Smokewood Drive, Apex, NC 27502