

# 2012 Central Carolina Wrestling Club Registration

1088 Classic Road, Apex (Behind Lufkin Middle School)

## High School - Middle - Elementary

**Folkstyle Program: Mon., Wed., Thurs. 5:30 Elem, 6pm High/Middle**

March 12 - June 21 Spring Session \$350 (\$150 Elem. 1 day/wk)

**Freestyle Program ALL AGES: Tues., Fri. 5:30pm**

March 12 - June 21 Spring Session \$275

**All Wrestlers Must Register Online:**

[http://www.apexsportsauthority.com/WR\\_Info.aspx](http://www.apexsportsauthority.com/WR_Info.aspx)

Payment with credit card online, or you may mail **check (to ASA)** to: C. Castagnero 387-9436, runonce@yahoo.com; 1112 Smokewood Dr, Apex, NC 27502

**Wrestler's Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

School Attends \_\_\_\_\_ Grade \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Wrestled \_\_\_\_\_ years

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

**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 \_\_\_\_\_

### **Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health considerations (e.g., asthma, allergies, previous injury, previous head injury):

\_\_\_\_\_

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

ID # \_\_\_\_\_

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