

## South Side Wrestling 2017 Information Card

Please Print Clearly and complete the entire form

<b>Wrestler's Name:</b>	
<b>Parent/guardian 1</b>	<b>Parent/guardian 2</b>
<b>Cell #</b>	<b>Cell #</b>
<b>Email</b>	<b>Email</b>
<b>Home Phone #</b>	<b>Dr. Name</b> <b>Dr. Phone #</b>
<b>Wrestler's Home Address:</b>	
<b>Emergency Contact other than parent/guardian's listed above</b> <b>Name:</b>	
<b>Phone Number:</b>	
<b>Age:</b>	<b>Birth date:</b>
<b>Weight:</b>	<b># of years wrestling</b>
<b>USA ID:</b>	<b>School:</b>

**For office use only below:**

<b>Membership Dues:</b>	
<b>Singlet Rental Information:</b>	
<b>Tournament Fees:</b>	