South Side Wrestling Information Card

Please Print Clearly and complete the entire form

Wrestler's Name:	
Parent/guardian 1	Parent/guardian 2
Cell #	Cell #
Email	Email
Home Phone #	Dr. Name
	Dr. Phone #
Wrestler's Home Address:	
Emergency Contact other than parent/guardian's listed above Name:	
Phone Number:	
Age:	Birth date:
Weight:	# of years wrestling
USA ID:	School:
For office use only below:	
Membership Dues:	
Singlet Rental Information:	
Tournament Fees:	