



Spencerport Junior Rangers Youth Wrestling Grades 2 - 6

Wrestler's name: _____

Date of birth: ____/____/____ Age/grade: ____/____

Parents'/Guardians' names:

Home Address:

Mailing Address: (if different than above):

Cost: (Check One) ____ Spencerport Resident/Student \$50. ____ Non-Spencerport Student \$60

Telephone:
Home: (____) _____ Home: (____) _____
Work: (____) _____ Work: (____) _____
Cell: (____) _____ Cell: (____) _____

E-mail Address: _____

(Will not be sold, used for notifying you of any canceled practices or tournament info)

T-shirt Size (circle): Youth S M L or Adult S M L

Emergency contact should parent be unavailable:
Name: _____ Phone:(____) _____

Years of wrestling experience: _____

Insurance Company _____ Policy # _____

Physician's name _____ Phone _____

Is your child allergic to any drugs? _____ If so, what? _____

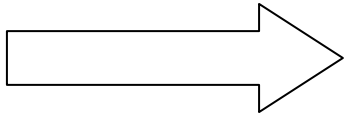
Does your child have any other allergies? (e.g. bee stings, dust) _____

Does your child have _____ asthma, _____ diabetes, or _____ epilepsy?

Is your child on any medication? _____ If so, what? _____

Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? Is yes, please check box and explain on reverse side.



Signature _____ Date _____

For office use only
Registration paid \$ _____ Ch. # _____ Cash _____ Online _____

For office use only
Registration paid \$_____ Ch. # _____ Cash _____ Online _____