

# LA CROSSE AREA WRESTLERS

Wrestler Registration



WRESTLER INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Birth Date	Age	Circle One: Male	Female
Years Wrestling	School	Grade	
USA Card Number			

PARENT/GUARDIAN INFORMATION		
	FATHER	MOTHER
Full Name		
Address		
City, State/ Zip		
Occupation		
Employer		
Work Phone		
Cell Phone		
Email		

EMERGENCY CARE		
<p>Your cooperation in filling out this form will help us carry out a sound health and safety program. We need the following information in order that no difficulties arise in location parent, legal guardian, or family physician in the case of an illness or accident that occurs.</p>		
<b>Emergency Contact</b>		
Name	Relationship	Phone ( )
Name	Relationship	Phone ( )
Hospital	Phone ( )	
Indicate any special medical problems (include allergies):		

DISCLAIMER AND SIGNATURE	
<p>I, as the parent or legal guardian of this wrestler, am legally responsible for medical expenses incurred on behalf of this child. I will also notify LAW if any of the above information changes.</p>	
Signature	Date