

Shirt size _____
Check # _____
Amount paid _____

Exeter Elementary Wrestling Program

Wrestler (s) _____

Years Exp _____ Birth Date _____ AGE _____ Weight _____ GRADE _____ School _____

Years Exp _____ Birth Date _____ AGE _____ Weight _____ GRADE _____ School _____

Years Exp _____ Birth Date _____ AGE _____ Weight _____ GRADE _____ School _____

Parent (s) / Guardian (s) _____ Phone # _____

_____ Phone # _____

E-mail address please! _____

Address _____ Address _____

Any Physical Limitations ? YES _____ NO _____

Explain _____

Family Doctor _____

Choice of Hospital _____

I hereby give my permission for _____, _____, and

_____ to participate, the Exeter Elementary Wrestling Program. I

also certify that my child (children) is (are) covered by _____

_____ insurance.

Parent (s) Signature _____ Date _____

Membership Fee (\$ 65.00) each & (\$ 120.00) for 2 or more wrestlers make checks Payable to EMC (Exeter Mat Club)

All wrestlers must be immediate Family for the (\$120.00) special.