

Waseca Wrestling Club

2012 Regular Season Registration

Wrestler Name: _____

Address: _____

City: _____

Phone: _____

Cell Phone: _____

Email: _____
(most communications are via email)

Grade: _____

Parent(s) Name: _____

I hereby release all participating groups, and other persons connected with this event, from any and all liability for any injury or damage whatsoever arising from any participation in this event.

Parent Signature: _____

Date: _____

Fee: \$50 Make Checks Payable to: Waseca Wrestling Club

T-shirt Size (please circle):

YOUTH: Small Medium Large X-Large

ADULT: Small Medium Large X-Large