Effingham Wrestling Club Sign-up Form

Wrestler's Name:_____

Parent's Name:_____

Address: _____

Phone #: _____ Cell #: _____

Birthdate: _____ Age as of Aug. 31, 2007 _____

E-Mail: _____

I give my permission for the above listed child to participate in the Effingham Wrestling Club. I agree not to hold the Effingham Wrestling Club or USD377 responsible for any injury that may occur during practice or competition.

_____ _____
Parent/Guardian Signature Date

$30 USA Card Fee Pd. _____
Card ordered on _____
USA Card # _____

Deposit Pd. _____
(your child will not receive a headgear or a single until the deposit is paid)

Singlet # _____ Headgear # _____

Tournaments attended & placing:

_____
_____
_____
_____
_____
_____
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_____
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_____
_____