

NORTHWESTERN LEHIGH YOUTH WRESTLING 2011-2012

Name: _____

Address: _____

Birth Date: _____ Grade: _____

Weight: _____ Yrs. Exp. _____

Parents/Guardians: _____

Address: _____

Home Phone: _____

E-Mail Address: _____

Cell Phone: _____

Emergency

Contact: _____

Team T-Shirt Size - Please Circle(these sizes will also be used
for end of season gifts)

Youth: small medium large

Adult: small medium large x-large

I hereby declare that I will not in any way, hold liable
Northwestern Lehigh School District, Coaches, or Referees, for
any injury or losses I might receive directly or indirectly from
training, competing or traveling to or from practice or matches.

Signature
(Parent/Guardian)

Signature
(Wrestler)
