



Hoover Wrestling Club

WWW.HOOVERWRESTLINGCLUB.com



Last Name _____ First Name _____ MI _____ Age _____ DOB _____

Address _____ City _____ Zip _____

School _____ Grade _____ Weight _____ Singlet Size _____ Years Wrestling _____

Fathers Name _____ Address if different _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email _____

Mothers Name _____ Address if different _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

USA Wrestling Number _____

Track Wrestling Number _____

Payment

Fees go to pay coaches, singlet rentals, t-shirt facility.

1st Wrestler \$150.00
2nd Wrestler \$120.00 Please staple forms together

Payment: Cash \$ _____ Check \$ _____ Check # _____

Waiver Signed and attached? _____

Birth Certificate attached ? _____

Volunteer Information

I can do the following:

- ___ Help Plan end of year party
- ___ Obtain Food for Tournament
- ___ Obtain Sponsors for Program

Medical information sheet should be filled out for any wrestler who has any condition that may affect wrestling. Asthma, diabetes and recently broken bones are examples.