

Jackson USA Wrestling Club Registration

Name: _____ Age: _____ Birthdate: ____/____/____

Address: _____ City: _____ Zip: _____

T-shirt size: _____ Approx. Weight: _____ Prior wrestling experience? (# years) _____

Parent / Guardian 1 Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____ Email: _____

Parent / Guardian 2 Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Notes: _____

FIRST YEAR MEMBERS MUST PROVIDE A COPY OF THEIR BIRTH CERTIFICATE

We will use our website and Facebook page (listed below) to communicate with our parents and wrestlers. We will post announcements, including any change or cancellation of practice or tournaments as quickly as possible. We will also post the tournament schedule, tournament results, photos, and anything else relevant to the club.

Website: <http://www.jacksonusawrestling.org/> **Facebook:** <http://www.facebook.com/jacksonusawrestling>

Membership Fee: \$300.00 – includes 2 practices per week, singlet rental (refundable deposit required), USA Wrestling competitor card, AAU Competitor Card, insurance, and tournament fees for tournaments on our club schedule. Wrestlers may pay for all or part of their membership by recruiting sponsors for the club. Details are available on the website and Facebook page.

I hereby give Jackson USA Wrestling permission to publish and submit information and photos of my child to the club website, Facebook page, and local news media.

Parent / Guardian Signature: _____ Date: _____

---Club Use Only---

Paid by: Cash / Check # _____ Sponsor(s): _____