

GRAFTON WRESTLING CLUB 2024-2025 REGISTRATION/PERMISSION FORM



Wrestler's Last Name	First Na	ame	Gra	ade	Birthdate		
Father's Name	Phone	Number(s)	Em	mail Address			
Mother's Name	Phone	Number(s)	Email Address				
Address							
City	State			Zip Code			
Emergency Contact Name & P Please I	· · · · · · · · · · · · · · · · · · ·	rent from Father/Moth DITION(S) and/or ALLE	•	ONAL COMM	IENTS:		
<i>Initials:</i> () I giv	ve Grafton Wrestling C	lub permission to publi	sh photographs c	f my child for	the purpose of display on		
the Grafton Wrestling Club Fa	cebook page, website,	, local newspaper and fo	or possible use in	promotional	materials.		
I (We) agree that the above-nail (We) understand that the Cluthis if the need were to arise, attend practice and tourname should be used in addition to	ub does not carry MED I (We) understand tha ents. (The USA Wrestlin	DICAL INSURANCE for the three named above must athlete membership	nis program and t st also have a cur	hat I (We) mu rent USAW A t	ist assume responsibility for thlete Membership to		
Parent/Guardian Signature		Date					
Singlet Size: Youth		Re-using from p Youth Large Youth X-large Adult Small		Own/Non Adult Me Adult Larg Adult X-la	dium ge		
Singlet Deposit: Pay with Cas the cost of the singlet. Deposi			_		d to reimburse the club for		

Make Checks Payable to: Grafton Wrestling Club

Fees Paid (For Office Use Only)									
Membership/ Registration:	Singlet Deposit								
Youth Wrestling Registration	\$50.00								
@ \$100 Single Registration	Cash		Check #:						
@ \$60 EACH Additional Child(ren)	Singlet Returned								
TOTAL AMOUNT DUE	Singlet Deposit Returned								
Cash Check #:	T 61-1-1-01	YXS	YS	YM	YL				
	T-Shirt Size:	AS	AM	AL	AXL				