

MID-MICHIGAN WRESTLING ASSOCIATION

REGISTRATION FORM 2016-17

For Club use only transfer to Spreadsheet and send to dlballen64@gmail.com Attach Birth Certificate for any new wrestler.

Concussion form please check if Club has a copy

WRESTLER'S NAME: _____
(Please Print) "Nickname"

HOME ADDRESS: _____
Number & Street City Zip

PHONE: (_____) _____ BIRTHDATE: _____ USA NUMBER _____
(Must have a valid USA Wrestling membership to wrestle MMWA)

Gender: Male Female (circle one please)

Email: _____

CLUB NAME: _____

DID WRESTLER EVER WRESTLE FOR MMWA BEFORE THIS YEAR? ____ Yes ____ No

HOME SCHOOL DISTRICT: _____

GRADE: SCHOOL ATTENDING: _____

PARENT OR GUARDIAN: _____

EMERGENCY CONTACT: _____ (_____) _____

TYPE OF MEDICAL INSURANCE: _____

I (We) do hereby release the Mid-Michigan Wrestling Association, USA Wrestling and its Membership/Hosting Clubs of any responsibility for injury or illness. This signature also confirms Club has a copy of concussion form.

Signature of Parent or Guardian
(Must have signature in order to be eligible.)

Date

Must have a USA Membership to wrestle in a MMWA Tournament. NO EXCEPTIONS WILL BE MADE.
Membership numbers will be checked at weigh in as well as by the Pairing staff prior to each tournament.
Wrestlers must be 4 or not older than 14 on or before December 31, 2016.