



Prattville YMCA Wrestling

2008-2009 Registration Form

Member Fee: \$40
Non-Member Fee: \$80

Wrestler Information

Name: _____ Birth Date: _____

☐ Male ☐ Female

Weight: _____

Does your child have any health problems or physical conditions?

If Yes, explain: _____

Parent/Guardian Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Spouse's Name: _____

Spouse's Work Phone: () _____ Spouse's Alt Phone: () _____

Alternate Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Waiver(s)

Website authorization (<http://prattymcawrestln.tripod.com>): ☐ Yes, you may place my child's picture on the website.
If not indicated, your child's picture will **not** be placed on the website. ☐ No, you may not place my child's picture on the website.

In case of a medical emergency and in the event the contact person(s) cannot be reached, by signing below, I authorize medical treatment/procedures as prescribed by the attending physician and/or paramedics for my child. I also state that this form has been fully completed and that all information is accurate.

Parent/Guardian Signature

Date