Spencerport Junior Rangers
Youth Wrestling
Grades 2 – 6

Wrestler's name: _____

Date of birth: _____/_____/_____ **Age/grade**: _____/_____
Parents'/Guardians' names:

_____

_____

Home Address:

_____

_____

Mailing Address: (if different than above):

_____

_____

Cost: (Check One) ___ Spencerport Resident/Student $50. ___ Non-Spencerport Student $60
Telephone:
Home: (_____)_____ **Home:** (_____)_____
Work: (_____)_____ **Work:** (_____)_____
Cell: (_____)_____ **Cell:** (_____)_____

E-mail Address: _____
(Will not be sold, used for notifying you of any canceled practices or tournament info)

T-shirt Size (circle): Youth S M L or Adult S M L

Emergency contact should parent be unavailable:
Name: _____**Phone**:(_____)_____

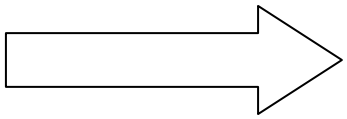
Years of wrestling experience: _____

Insurance Company _____ **Policy #** _____

Physician's name _____ **Phone** _____

Is your child allergic to any drugs? _____ If so, what? _____
Does your child have any other allergies? (e.g. bee stings, dust) _____
Does your child have _____asthma, _____ diabetes, or _____ epilepsy?
Is your child on any medication? _____ If so, what?_____
Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? Is yes, please check box ☐ and explain on reverse side.



Signature _____ **Date** _____

For office use only
Registration paid $_____Ch. #_____ Cash_____ Online_____

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Registration paid $_____Ch. #_____ Cash_____ Online_____