

# Norwalk Youth Wrestling 2017-18 Information Card

Please print clearly and complete the entire form...

Wrestler's Name:				
Wrestler's address:				
Wrestler's DOB:	Age:	Weight:	# of yrs wrestling:	School:

Parent/Guardian #1:	Parent/Guardian #2:
Cell #: Home #: Email address:	Cell #: Home #: Email address:

<i>Emergency contact other than parent/guardian(s) listed above:</i> Name:  Phone #:
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Doctor's Name & #:
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## For office use only:

Membership Dues:	
Singlet Rental Info:	
Tournament Fee:	