



The Grind Wrestling Club

WRESTLER AND CONTACT INFORMATION

Wrestler's Info:

Name _____

Address _____

Home Phone _____

Age _____ Birthday _____

Number of Years Wrestled _____

School _____

Weight _____ USA Wrestling Card Number _____

Parent/Guardian Info:

Name _____

Address _____

Phone _____

Email _____

Emergency Contact (Other than Parent/Guardian):

Name _____

Phone _____

Insurance:

Name of Company _____

Name of Policy Holder _____

Policy Number _____

Group Number _____

Any medical conditions or allergies of which our Staff should be aware?
