

**2010 Columbus YMCA Youth Wrestler Information Form**

Wrestler's Information

Name of Wrestler \_\_\_\_\_ (First & Last)

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Approx Weight \_\_\_\_\_

School \_\_\_\_\_ Years of Experience \_\_\_\_\_

Parents Information (Primary Contact / Custodial Parent)

Mother's Name \_\_\_\_\_ (First & Last)

Father's Name \_\_\_\_\_ (First & Last)

Contact Phone Numbers (Please list as many as possible)

Mother Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Father Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Home Evening \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Address \_\_\_\_\_  
*Street / P.O. Box City State Zip*

Parent's Information (Secondary Contact, if different from above)

Parent's Name \_\_\_\_\_ (First & Last)

Contact Phone Numbers (Please list as many as possible)

Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Evening \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Address \_\_\_\_\_  
*Street / P.O. Box City State Zip*

Emergency Contact Information

Family Physician \_\_\_\_\_

Office Phone # \_\_\_\_\_

Any special medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_