

Columbus Wrestling Organization – Wrestler Information Form (2012-13 Season)

Wrestler(s) Information [If you have more than 2 wrestlers, you only need to fill out top on a second sheet.]

Wrestler #1: _____ Grade _____ Age _____ Birthdate ___/___/_____

School: _____ Years Wrestled _____ Weight _____ T-Shirt YS YM YL AS AM AL AXL
(Check Box Below Size)

Wrestler #2: _____ Grade _____ Age _____ Birthdate ___/___/_____

School: _____ Years Wrestled _____ Weight _____ T-Shirt: YS / YM / YL / AS / AM / AL / AXL
(Check Box Below Size)

Parents Information (Primary Contact / Custodial Parent)

Mother's Name _____ Father's Name _____
(First & Last) (First & Last)

Contact Phone Numbers (Please list as many as possible)

Father Day _____ Cell _____ Text?

Mother Day _____ Cell _____ Text?

Home Night _____

(If you would like to have practice / tournament emergency updates sent to you via text please check box above next to cell phone number.)

Primary Email Address(es) _____

Home 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 _____ Text?

Evening _____

(If you would like to have practice / tournament emergency updates sent to you via text please check box above next to cell phone number.)

Secondary Email Address _____

Home Address _____
Street / P.O. Box City State Zip

Emergency Contact Information

Family Physician _____ Office Phone # _____

Any special medical conditions we should be aware of: _____