



# Arlington Storm Wrestling Club REGISTRATION FORM

Wrestler's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  Male  Female

Age on August 31, 2017 \_\_\_\_\_ Grade in School \_\_\_\_\_

School Attending \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail (PRINT CLEARLY) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail (PRINT CLEARLY) \_\_\_\_\_

## Questions for New Wrestlers to Arlington Storm Wrestling Club:

Has this child **EVER** wrestled in a USA or TXUSA Tournament? \_\_\_\_\_

If so, how many years experience does this child have? \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Division (Tot - 5) \_\_\_\_\_ R / N / O (circle one)

Anticipated Weight \_\_\_\_\_

USA Card Number \_\_\_\_\_

Paid Date \_\_\_\_\_ Cash / Check# \_\_\_\_\_

Birth Certificate on File

Emergency Information Form

Rules & Behavior Contract Form