

2011-2012 THUNDERBOLT WRESTLING CLUB FORM

Wrestler's Name: _____

Address: _____

Parents Name: _____

Email: _____

Work Phone # _____

Home Phone # _____

School _____ Parish _____

Grade _____ Age _____ Weight +/- _____

Date of Birth _____

T Shirt Size, wrestler (circle one)

Youth: S M L

Adult: S M L XL

I give _____ permission to participate in the Thunderbolt Wrestling Club. I will not hold any coaches, agents, managers, or Pius X High School responsible for any injuries or accidents. I will also not hold the Club responsible for lost or stolen articles. I carry insurance on my son and assume responsibility for him.

Parents/Guardians Signature _____

Wrestlers Signature _____

Registration Fee: make checks to Thunderbolt Wrestling Club

\$70 per wrestler (Family price: \$20 off for 2, \$40 off for 3)

Forms must be returned by January 12