

WRESTLING

2020 - 2021

WRESTLER INFORMATION (PLEASE PRINT)

Last Name:				First Name:		DOB (MM/DD/YYYY):			Age
Grade	Last Physical	Medical Card	Hydration Test	Student ID		Locker Assigned	Combination		

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Last Name:				First Name:		E-Mail Address:		
Address:						Work Phone #:		
Street		City		State		Zip		Home Phone #:
Last Name:				First Name:		E-Mail Address:		
Address: <input type="checkbox"/> Same as above						Work Phone #:		
Street		City		State		Zip		Home Phone #:

EQUIPMENT ISSUE

Item ID	Item	Issue Date	Qty	Size	Price	Total

TOTAL

ACKNOWLEDGEMENT

I (Print Name) _____ hereby take responsibility for the care of any equipment which was issued to my son/daughter during the wrestling season they participated in.

At the termination of the season, any and all equipment will be cleaned and returned or replaced to Mt. Carmel Wrestling.

Signature of Parent or Legal Guardian

Date (MM/DD/YYYY):