



Dakota Wrestling Club

[Home](#)[Schedule](#)[Results](#)[AboutUs](#)[Links](#)[Pictures](#)

Dakota Wrestling Club 2011/12 Returning Wrestler Registration Form

Wrestlers Name: Date of Birth:

Address: City: State: Zip:

Home Phone: School Attending:

Age 12/31/11: Height: Weight: Yrs Wrestling Experience:

Location of Previous Wrestling Experience:

Registration Fee & Uniform: Registration, T-Shirt & Singlet \$40 T-Shirt Size

All fees will be collected at the parents meeting on November 2nd, 7pm in the Dakota Atrium

Parent/Guardian 1: Cell #: Txt Msg:

Parent/Guardian 2: Cell #: Txt Msg:

Email 1: Email 2:

Wrestler's Primary Health Insurance Coverage Company:

Primary Coverage Contract Number:

Please list any allergies/medical problems, including any requiring maintenance medication(s). (i.e. Diabetic, Asthma, Seizure Disorder, etc....)

I (we) do hereby release the Dakota Wrestling Club and it's membership of any responsibility for injury or illness incurred during practice or participation in a wrestling event.

I understand and acknowledge that as a parent of guardian of a Dakota Wrestling Club wrestler I am required to work at any tournaments the club hosts and assist in the club's league commitments at the regional and state tournaments.

Dakota Wrestling Club: 50762 Nagy Ct, Macomb, Mi 48044

(click here)