

SADDLE BROOK JUNIOR WRESTLING

REGISTRATION FOR THE 2011 – 2012 WRESTLING SEASON

WRESTLER:

NAME: _____

ADDRESS: _____

TELEPHONE #: Home _____ Cell: _____

DATE OF BIRTH: ____/____/____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN:

I GIVE MY CONSENT FOR _____ TO PARTICIPATE IN THE
SADDLE BROOK JUNIOR WRESTLING PROGRAM 2011 - 2012 SEASON

PARENT/GUARDIAN EMAIL ADDRESS: _____

DOES YOUR CHILD HAVE ASTHMA? _____

DID YOUR CHILD WRESTLE FOR ANY OTHER TOWN? _____

IF YES WHAT TOWN _____ # OF YEARS _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: ____ / ____ / ____

ALL WRESTLERS **MUST** BE A SADDLE BROOK RESIDENT

ALL WRESTLERS MUST BE AGE 5 AS OF DEC. 31, 2011

APPROXIMATE WEIGHT: _____ AGE AS OF DEC. 31, 2011 _____

BELOW FOR COACHES USE ONLY:

CLASS (CIRCLE ONE)

INTERMEDIATE	JUNIOR	MIDGET	BANTAM	SUB-BANTAM
1997 - 1998	1999 - 2000	2001 – 2002	2003 – 2004	2005 - 2006