



Knights Wrestling Club

2012-2013 Season

Wrestlers First Name: _____ Last Name: _____

Date of Birth: _____ Birth Certificate: _____

Address: _____

City: _____ Zip Code: _____

Contact Number: _____ Text Message Number: _____

**Please indicate if you DO NOT wish to receive text message alerts.*

Email 1: _____

Email 2: _____

**Please print CLEARLY.*

Parent/Guardian Names: _____

T-Shirt Size: _____ Youth Small – Large, Adult Small – XXL

Approx. Weight: _____ Experience in Years: _____