

**Big Kat Wrestling Club
Registration Form**

Name of Athlete: _____ age: _____ Grade: _____

DOB: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) phone: _____

Parent(s) Guardian(s) email: _____

Address: _____

Emergency Contact (aside from parent/guardian): _____

Phone: _____

Email: _____

Insurance: _____

HMO/PPO (circle one)

Policy #: _____

Any allergies? _____

Any special medications? _____

How did you find out about our program? _____

For new athletes: how did you hear about us?

Internet: _____ Flyer/school list serv: _____

Referral: _____ Other: _____