



Panther Youth Wrestling

August 13th through October 15th

Registration \$125.00 per player

Ages 6-15 only (birthdate as of 9/1/18)

Early-bird Registration August 13th-August 20th - \$10 off

\$25 Late fee assessed after October 15th

Wrestlers Legal Name: _____ Gender:(Please circle) Male / Female

Grade: ____ School: _____ Age: ____ DOB: __/__/__ Height: ____ Weight: ____

Address: _____ City: _____ Zip: _____

Wrestling Experience: _____

Medical Conditions/Concerns: _____

Parent(s) or Guardian(s) Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Cell Phone Carrier: _____

Emergency Contact: _____ Phone Number: _____

Singlet Size: (Please circle) YS YM YL AS AM AL AXL A2XL

Shirt Size: (Please circle) YS YM YL AS AM AL AXL A2XL

Parent Initials: _____

Registration includes: USA Wrestling Membership, Singlet, and Shirt

I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use all photographs and/or videotape of me and/or my family, taken during the program, for use by CPR.

An administrative fee of \$25 will be applied to all refunds. No refunds given after items are ordered, USA Membership has been paid. By signing below, I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in a CPRC activity and that I have read and agree to all rules and regulations.

Signature: _____ Date: _____

Printed Name: _____

-----FOR OFFICE USE ONLY-----

Fee \$: _____ Cash Credit Card Check# _____ Receipt #: _____ Received by: _____