

Registration Information:

Name: \_\_\_\_\_

Parents Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

Day Time \_\_\_\_\_

Evening \_\_\_\_\_

Emergency Contact 1:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact 2:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Age: \_\_\_\_\_

Grade in School Fall of '10 \_\_\_\_\_

Email Address: \_\_\_\_\_

List Any Medical Conditions or Medications Athlete is currently on or taking.

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Send Registration to: Grand Ledge Wrestling Club  
P.O. Box # 433  
Grand Ledge, MI 48837

Or Contact Coach Steve Delaney at 517-256-0821 to reserve a spot.