

Milan Summer Wrestling Registration Form

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____

School you attend: _____ 2010-11 School Year Grade _____

Present Weight: _____ Age -- _____ E-Mail _____

I understand and agree that the big red training center director, and anyone connected with the center assumes no responsibility for accidents, injuries, medical, or dental expenses incurred by my son during the wrestling season.

Parent/Legal Guardian Signature: _____