

Jim Thorpe Youth Wrestling Registration Form

Participant Information

Participant #1

First Name _____ Last Name _____
Date of Birth ___/___/20___ Age ___ School _____ Grade ___ Sex M / F
Program Status: New / Returning Years in Program ___ Current Weight _____
Medical Conditions _____

Participant #2

First Name _____ Last Name _____
Date of Birth ___/___/20___ Age ___ School _____ Grade ___ Sex M / F
Program Status: New / Returning Years in Program ___ Current Weight _____
Medical Conditions _____

Participant #3

First Name _____ Last Name _____
Date of Birth ___/___/20___ Age ___ School _____ Grade ___ Sex M / F
Program Status: New / Returning Years in Program ___ Current Weight _____
Medical Conditions _____

Parent /Guardian Information – PLEASE PRINT

First Name _____ Last Name _____
Street Address _____ City _____ State ___ Zip _____
Phone Numbers: Home _____ Cell _____ Work _____
Email _____

Emergency Contact

First Name _____ Last Name _____
Phone Numbers: Home _____ Cell _____ Work _____

Alternate Emergency Contact

First Name _____ Last Name _____
Phone Numbers: Home _____ Cell _____ Work _____

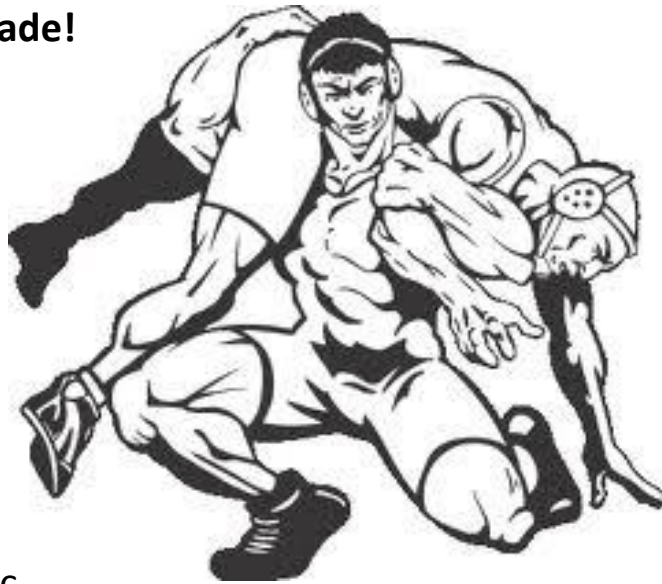
\$25 Registration Fee Paid: _____

Are you interested in coaching? Please indicate which level: Novice _____ JV/Varsity _____

Jim Thorpe

Knee-hi

Age 5 through 6th grade!



Head Coach: Renn
Shoop

*Jim Thorpe Athletic
Hall of Fame!

All experience levels welcomed! We have a beginners (novice) and varsity practices.

*Great sport to build cardio vascular strength!

*Experience a team atmosphere!

*Develop skills that will translate to multiple sports!

Wrestling!

Registration will be held on
Wednesday, **October 23rd** and
Thursday, **October 24th** at the high
school from 6:30 – 7:30PM.
Registration fee: \$25 for exchange of
VEWL raffle tickets.

www.jimthorpewrestling.com