



Fax completed application to: (650) 644-0111

USA CARD #: _____

WT. CLASS #: _____

~ ATHLETE APPLICATION ~

Last name (Print) First name Date of birth (mm-dd-yy)

School Grade (K-12) Home phone number

Address City, State Zip code E-mail address

Coach's name Cell phone number E-mail address

IN CASE OF EMERGENCY: (WE SHOULD CONTACT)

Parent or Guardian's name Relationship Cell phone number

WRESTLING ACCOMPLISHMENTS: (INDICATE MOST NOTABLE FINISHES)

Event (CCS, CIF State Championships) Year Finish (1st, 2nd, 3rd, etc)

EQUIPMENT: (INDICATE YOUR DESIRED SIZES)

T-Shirt Shorts Singlet

ATHLETE & PARENT AGREEMENT:

I agree to abide by the Athlete's Code of Conduct and all other rules and regulations of USA Wrestling and the Bay Area Wrestling Association for a California and National Tour.

This is to certify that as a parent / guardian of this participant, I do consent to their release of California USA Wrestling, USA Wrestling, The United States Olympic Committee, and the organizers of the Bay Area Wrestling Association Tour (to include the coaching staff), from any and all liability incidents to their involvement in the named event. I also certify that I have read this document and agree by way of signature to up hold this constitution.

PARENT OR GUARDIAN'S SIGNATURE DATE

PARENT OR GUARDIAN'S NAME * PRINT IN CAPITAL LETTERS RELATIONSHI