



Check _____
Cash _____

**EKWC Sign-Up Form
2008-09**

Wrestler's Name: _____

Child's Nickname (if applicable): _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ **Cell #:** _____

Year Started Wrestling: _____ **Rating:** _____ **Weight Class:** _____
(Rating A=State Qualifier, B=Usually Places, C=Sometimes Places, D=Novice)

Age as of August 31, 2008: _____ **Birthdate:** _____ **Sex:** _____

E-Mail: _____

Referred by: _____

T-Shirt Size: YS YM YL AS AM AL AXL (Y=youth, A=adult)
(circle one)

I give my permission for the above listed child to participate in the Emporia Kids Wrestling Club Program. I agree not to hold the EKWC or their agents, Emporia Recreation Commission or USD253 responsible for any injury that may occur during the course of practice or competition associated with the Emporia Kids Wrestling.

Parent/Guardian Signature

Date

Dues Amount Pd: _____ **Receipt #:** _____

Card ordered on: _____