Wrestler Information Card

Name: _____

Parents Name:_____

Address:_____

City:_____ State_____Zip_____

Phone: _____

Mobile: _____

Emergency Contact:

Name:_____

Phone: _____

Name: _____

Phone: _____

Physician: _____

Phone: _____

Insurance: _____

Policy Number: _____

Existing Medical Conditions

_____

_____

_____

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