Sioux Center Youth Wrestling Registration Form

Youth Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone # _____

Home Address: _____ City: _____

School: _____ Email: _____

Sioux Center Wrestling Singlet Rental

Wrestlers Name: _____ Singlet # _____

I understand that I am responsible for the care of the uniform assigned to my child. I understand that the uniform is only to be worn at tournaments. If I return the uniform in poor condition, I understand that I will be required to purchase the singlet at retail value less rental fee.

Parent/Guardian Signature: _____

Accident/Injury

I certify the above named youth has my permission to participate in the Sioux Center youth wrestling program. I accept full responsibility for his/her participation and behavior. I agree not to hold Sioux Center Youth Wrestling responsible for injury or accident to my child. I understand that Sioux Center youth wrestling does not carry medical insurance for my child.

Parent/Guardian Signature: _____

Registration Fee: $60 (includes singlet rental and T-shirt)

Please make checks payable to: **Sioux Center Youth Wrestling**

T-shirt Info: (please circle size needed)

Size:	Youth Small	Youth Medium	Youth Large
	Adult XS	Adult Small	Adult Medium
	Adult Large	Adult XL	