

MID-MICHIGAN WRESTLING ASSOCIATION REGISTRATION FORM 2011-12

WRESTLER'S NAME: _____
(Please Print) "Nickname"

HOME ADDRESS: _____
Number & Street City Zip

PHONE: () _____ BIRTHDATE: _____
(A copy of wrestler's birth certificate MUST be attached if a
new wrestler to MMWA.)

CLUB NAME: _____

DID WRESTLER WRESTLE LAST YEAR IN MMWA? _____ Yes _____ No
(If yes, another copy of the birth
certificate is **NOT** necessary.)

HAS WRESTLER WRESTLED IN ANOTHER LEAGUE BESIDES MMWA? _____ Yes _____ No If yes, what League?__: _____

HOME SCHOOL DISTRICT: _____

GRADE: _____ SCHOOL ATTENDING: _____

PARENT OR GUARDIAN: _____

EMERGENCY CONTACT: _____ () _____

TYPE OF MEDICAL INSURANCE: _____

I (We) do hereby release the Mid-Michigan Wrestling Association and its Membership/Hosting Clubs of any
responsibility for injury or illness.

Signature of Parent or Guardian Date
(Must have signature in order to be eligible.)

**A copy of the wrestler's birth certificate MUST be attached before they will be allowed to participate in
MMWA competition. NO EXCEPTIONS WILL BE MADE.** Birth certificates will be checked by the Pairing
staff prior to each tournament. *All copies of birth certificates will become the property of the MMWA.* Wrestlers
must be 5 or not older than 14 on or before December 31, 2011.

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