

**MID-MICHIGAN WRESTLING ASSOCIATION
REGISTRATION FORM
2007-08**

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?__: _____
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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, 2007.**

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= If you would be interested in becoming a **Paid Pairer** or a **Paid Referee** (circle one) or know of someone who would, please fill out the information below. Both of these positions require training. **Applicants for these positions MUST be at least 15 years of age by January 1, 2008 and not MMWA eligible and have transportation.**

NAME: _____

PHONE: () _____ CLUB ASSOCIATION (if any): _____