

OAKLAND RECREATION WRESTLING REGISTRATION

WRESTLER INFORMATION:

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____

MALE/ FEMALE (circle) AGE: _____ WEIGHT: _____ LBS. GRADE: _____ SCHOOL: _____

DATE OF BIRTH: _____ **BIRTH CERTIFICATE: YES / NO**

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME: _____ FATHER'S NAME: _____

GUARDIAN'S NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

HOME PHONE: _____ MOTHER'S CELL: _____ FATHER'S CELL: _____

EMAIL ADDRESS: _____

**** (PLEASE PROVIDE ALL EMAIL ADDRESSES THAT SHOULD RECEIVE TEAM ANNOUNCEMENTS AS THIS IS OUR PRIMARY FORM OF COMMUNICATION) *** PLEASE PRINT EMAIL ADDRESSES CLEARLY! *****

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

PREFERRED HOSPITAL: _____

PHYSICAL LIMITATIONS: _____

T-SHIRT SIZE: _____ **SHORTS SIZE:** _____ (sizes are Youth: YS, YM, YL or Adult: AS, AM, AL)

REGISTRATION FEE \$80.00 **PLEASE MAKE CHECK PAYABLE TO: BOROUGH OF OAKLAND**
PLEASE WRITE, "WRESTLING REGISTRATION FEE" IN MEMO AREA OF CHECK

*** I HAVE READ AND AGREE TO THE CODE OF CONDUCT ON THE OAKLAND WEBSITE:** _____

PARENT SIGNATURE