

MONROE TWP. JUNIOR FALCON WRESTLING

WWW.MONROEWRESTLING.COM

CHILD'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ **WEIGHT** _____ **HEIGHT** _____

SCHOOL _____ **GRADE** _____

YEARS WRESTLING _____ **PANT SIZE** _____ **SHIRT SIZE** _____

PARENTS NAME (S) _____

PARENTS E-MAIL ADDRESS _____

PARENTS PHONE NUMBER HOME _____

WORK _____ **WORK** _____

CELL _____ **CELL** _____

MEDICAL INFORMATION

PEDIATRICIAN'S NAME _____

PHONE NUMBER _____

DENTIST'S NAME _____

PHONE NUMBER _____

HOSPITAL OF CHOICE _____ **ALT.** _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS _____

IF YES PLEASE EXPLAIN _____

IS YOUR CHILD ON ANY DAILY MEDICINE _____

IF YES PLEASE LIST _____

DOES YOUR CHILD HAVE ANY ALLERGIES (TO MEDS OR ENVIRONMENT) _____

EMERGENCY CONTACTS IF YOU CANNOT BE REACHED (TWO)

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE # _____ **CELL # OR PAGER** _____

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE # _____ **CELL # OR PAGER** _____

