

Junior Cougars

 Junior Cougars Youth Wrestling Club



Wrestler: _____
(First Name) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Age: _____ Date of Birth: _____

Approximate Weight: _____

First Year Wrestler: Yes _____ No _____

Shirt Size: YS _____ YM _____ YL _____ YXL _____
AS _____ AM _____ AL _____ AXL _____ AXXL _____

Short Size: YS _____ YM _____ YL _____ YXL _____
AS _____ AM _____ AL _____ AXL _____ AXXL _____

Parent: _____
(First Name) (Last Name)

Parent: _____
(First Name) (Last Name)

Signature: _____ Date: _____