



<http://matpacwrestling.org/>



MATPAC WRESTLING CLUB
6500 Kingswood Road
Bismarck, ND 58503

Registration Form 2012

GENERAL INFORMATION

Name _____

Date of Birth (mm/dd/yy) _____

Grade/School _____

Age _____

Years of Experience _____

Approximate Weight _____

T-Shirt Size _____

Address _____

City _____

State/Zip _____

Parent/Guardian Names _____

Relationship _____

Home Phone _____

Work Phone _____

Mother Cell/Father Cell _____

Mother Email/Father Email _____

Wrestler Email _____

Use info for roster (y/n) _____

Use photo publications (y/n) _____

Insurance Company _____

Policy Number _____

Primary Physician _____

Phone Number _____

Hospital _____

Emergency Contact _____

Emergency Phone _____

The wrestler listed above has been granted permission to participate in wrestling activities as sanctioned by USA Wrestling and the MATPAC Wrestling Club.

Parent/Guardian Signature _____

Date (mm/dd/yy) _____

2012 FEE STRUCTURE

Session Fees Due Jan. 2, March 1, April 1, April 30

Inexperienced Wrestlers

Tues-Thurs 5:30-6:30 \$40 per month

Session I January (paid/amount) _____

Session II February (paid/amount) _____

Session III March (paid/amount) _____

Session IV April (paid/amount) _____

Experienced Wrestlers (4th grade & up)

Mon-Tues-Thursday 6:30-7:30 \$50 per month

Session I January (paid/amount) _____

Session II February (paid/amount) _____

Session III March (paid/amount) _____

Session IV April (paid/amount) _____

CLUB USE ONLY

Fees Paid (Y/N) Month Yes/No _____

Payment Type Cash Amount _____

Check Amount _____ # _____

Singlet Purchase \$30 check # _____ Cash _____

If rented will refund \$20 Rental \$30 check # _____ Cash _____

Singlet Size 4x/3x/2x/AS/AM/AL

USA Card (Y/N) Yes/No

USA Card # # _____

Scholarship Needed (Y/N) Yes/No