2019 ALPHA WRESTLING ACADEMY FREESTYLE & GRECO REGISTRATION FORM

FREESTYLE & GRECO ROMAN SEASON - Please complete the form below and be sure to click the submit button at the bottom of the page when finished.

* Required

1. FIRST NAME OF PARTICIPANT *

2. LAST NAME OF PARTICIPANT *

3. PARTICIPANT'S EMAIL

4. PARTICIPANT CELL PHONE

5. SCHOOL NAME *

6. GRADE *

Mark only one oval.

- 12th
- 11th
- 10th
- _____ 9th
- ______ 8th
- ______ 7th
- _____ 6th
- 5th

- 3rd
- _____ 2nd
- _____ 1st

7. SCHOOL / CLUB TYPE

Mark only one oval.

- IHSA (Illinois High School Association)
- IKWF (Illinois Kids Wrestling Federation)
- IESA (Illinois Elementary School Association)
- Other
- 8. PARENT / GUARDIAN NAME #1 *
- 9. PARENT / GUARDIAN EMAIL #1 *

10. PARENT / GUARDIAN EMERGENCY PHONE #1

11. PARENT / GUARDIAN NAME #2

12. PARENT / GUARDIAN EMAIL #2

13. PARENT / GUARDIAN EMERGENCY PHONE #2

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