

**2009 Siouxland Summer Wrestling
Registration Form**

Name: _____

Grade (09-10 School Year): _____

School: _____

City: _____

Street: _____ **Zip:** _____

Phone: _____

Email : _____

Emergency Contact: _____

Any Medical Conditions: _____

T-shirt size: **YS** ____ **YM** ____ **YL** ____

(check 1) **S** ____ **M** ____ **L** ____

XL ____ **XXL** ____

I certify that _____ has my permission to compete in the Siouxland Summer Wrestling clinics. I release the Woodbury Central School and all other agencies and any individuals assisting with the conduct of the clinics. I understand that the Woodbury Central School is **NOT** carrying medical insurance to cover my youngster.

Parent or Guardian Signature _____

If you have any questions please contact:

Adam McElrath

Home Phone: (712) 873-3206

Cell Phone: (712) 870-9783