



# St Johns Junior RedWings Wrestling Player's Personal Information

Student's Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Ph. No. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Interested in coaching (Circle One)      Yes      No  
If Interested in coaching, contact: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Associate Use:

Payment information:       Ck # \_\_\_\_\_       Cash