

SOUTHWEST

WRESTLING
ACADEMY

Parent/Guardian Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Secondary Phone: _____

Email: _____ How did you hear about us? _____

Emergency Contact: _____ Emergency Contact Phone: _____

Wrestler Information:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Do any of the wrestlers listed above have current and/or past injuries or illnesses the coaches should be aware of?

Membership Options:

- Beginner: \$60 per session for TWO practices per week (6 weeks total)
- Beginner: \$120 per session for FOUR practices per week (6 weeks total)

- Intermediate/Advanced: \$150 per session for FOUR practices per week (6 weeks total)

- Drop-in: \$10 for beginner \$15 for intermediate/advanced (please circle one)

