2010 TEA TITANS YOUTH WRESTLING TOURNAMENT CLUB REGISTRATION FORM

CLUB/TOWN: _____ CONTACT PERSON & PHONE #: _____

(This form needs to be completed only if the club is registering and paying for all wrestlers.)

WRESTLERS NAME	PHONE # & ADDRESS	AGE	GRADE	WEIGHT	SEX	YRS EXP.	PARENT/GUARDIAN SIGNATURE (see below) ***

*** By signing above, I certify the information given to be true and accurate and give permission for my child/children to compete in the Tea Titans Youth Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I will not hold Tea Titans Youth Wrestling Club, the Tea Area School District or any of their agents responsible or liable for any accidents that may occur at this tournament.