

**Durango Wrestling Club  
Wrestler Registration Form  
2023**

**Wrestler Information 1**

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		
Birth Date (Bring a COPY of Birth Certificate to Confirm)	Gender ___ Male ___ Female	Does your child have insurance? ___ Yes ___ No
Division: Circle one (child's birth year)		
Div 1(2017-2018)    Div 2(2015-2016)    Div 3(2013-2014)    Div 4(2011-2012)    Div 5(2009-2010)		

**Wrestler Information 2**

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		
Birth Date (Bring a COPY of Birth Certificate to Confirm)	Gender ___ Male ___ Female	Does your child have insurance? ___ Yes ___ No
Division: Circle one (child's birth year)		
Div 1(2017-2018)    Div 2(2015-2016)    Div 3(2013-2014)    Div 4(2011-2012)    Div 5(2009-2010)		

**Wrestler Information 3**

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		
Birth Date (Bring a COPY of Birth Certificate to Confirm)	Gender ___ Male ___ Female	Does your child have insurance? ___ Yes ___ No
Division: Circle one (child's birth year)		
Div 1(2017-2018)    Div 2(2015-2016)    Div 3(2013-2014)    Div 4(2011-2012)    Div 5(2009-2010)		

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**Parent Information 1**

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		

**Parent Information 2**

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		
REGISTRATION FEE IS \$75 (\$50 FOR ADDITIONAL CHILDREN) PLUS \$8 WEIGH IN FEE FOR EACH TOURNAMENT (DUE AT TIME OF WEIGH IN)		
PAID \$ _____ CASH _____ CHECK# _____ BIRTH CERTIFICATE = _____ YES _____ NO		
SCHOLARSHIP= _____ YES; FREE/REDUCED LUNCH ELIGABLE= _____ YES _____ NO		