



KENOSHA WRESTLING CLUB

2019-20 REGISTRATION INFORMATION SHEET

KENOSHA WRESTLING CLUB MEMBERSHIP INFORMATION:

- NEW MEMBERS must reside within the Kenosha Tremper High School boundary
- One registration form per wrestler along with copy/proof of birth certificate is required upon registration
- Registration Fee: Returning Members \$125 per wrestler / New Members \$150 per wrestler
- Family discount: \$100 for any additional siblings
- Checks made payable to: Kenosha Wrestling Club or cash accepted (payment plans available)
- Registration Fee Includes: Quality wrestling instruction and club t-shirt (also requires separate purchase of USA wrestling card)

PRACTICE INFORMATION:

- Practice Start date: Wednesday, Nov. 20th, 2019
- Practice days: Mondays & Wednesdays
- Practice times: 6:30pm - 8:00pm (subject to change)
- Attire: appropriate gym clothes must be worn for practice (t-shirts, athletic shorts, etc.)
- Shoes: gym shoes or wrestling shoes must be worn (no street shoes & no socks-only please)
- Equipment is available for rent or purchase (wrestling shoes, head gear and singlet)
- Practice location: Tremper High School Wrestling Room
- Practice End date: March 2020

TOURNAMENT INFORMATION:

- All weekend tournaments are optional and have independent fees (Saturdays / Sundays)
- List of tournaments can be viewed at the following web links:
 - www.wiwrestling.com and click on Tournaments
 - www.ikwf.org and click on Tournaments

USA CARD MEMBERSHIP & PURCHASE:

****All members must purchase and show USA wrestling card upon registration****

- USA Wrestling cards can be purchased online at <https://www.teamusa.org/usa-wrestling/membership>
- Click on "Purchase membership" and follow the instructions
- Print USA card or save an image copy to your mobile phone



Example of USA card



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Club Use Only: Reg. Fee Received Birth Certificate USA Card # _____

Returning Member New Member T-shirt Size: _____

WRESTLER'S FIRST NAME:	WRESTLER'S LAST NAME:
ADDRESS:	
CITY:	STATE: ZIP:
PARENT/GUARDIAN NAME(S):	
CELL PHONE:	ALT. CELL:
EMAIL**:	ALT. EMAIL 2:

**we use EMAIL as the primary form of club communication.

DATE OF BIRTH:	AGE:	EST. WEIGHT:
SCHOOL (within Tremper boundary):	GRADE:	WRESTLING EXPERIENCE: Years _____ No

EMERGENCY CONTACT INFORMATION:

CONTACT:	PHONE:
CHILD'S DOCTOR:	PHONE:
ANY ALLERGIES:	
OTHER MEDICAL CONDITIONS:	
HOSPITAL PREFERENCE:	
INSURANCE PROVIDER:	
PERSON OTHER THAN GUARDIAN AUTHORIZED TO PICK UP YOUR CHILD:	

In consideration of my child's acceptance into the Kenosha Wrestling Club, I, my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims or rights to damages for injuries while competing in or traveling to or from club events. I also give my permission for emergency medical treatment. I also understand and will abide by the provisions stated in the attachment to the USA Wrestling Card.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____