



Illinois Kids Wrestling Federation

www.scorpionwrestlingclub.com



REGISTRATION FORM (COPY OF BIRTH CERTIFICATE REQUIRED)

Please print clearly

WRESTLER NAME _____

ADDRESS _____

CITY _____ ZIP _____

DATE OF BIRTH _____ GRADE _____ AGE _____

HOME NUMBER _____

PRIMARY CONTACT _____ CELL # _____

EMAIL ADDRESS _____

SECONDARY CONTACT _____ CELL # _____

EMAIL ADDRESS _____

SHIRT SIZE --- YS YM YL AS AM AL AXL AXXL (CIRCLE ONE)

WRESTLER REFERRAL NAME _____

MY SIGNATURE BELOW AUTHORIZES OUR CONSENT FOR MEDICAL RELEASE,
PHOTO RELEASE AND WE READ THE CODE OF CONDUCT.

_____ DATE _____

DO NOT WRITE BELOW LINE-- FOR SCORPION USE ONLY

BIRTH CERTIFICATE _____ IKWF APPLICATION _____ RELEASE FORMS SIGNED _____

REGISTRATION FEE'S _____ SINGLET DEPOSIT _____

PYMT PLAN AGREEMENT _____