

McIntosh Wrestling Federation

Please fill in all information on this sheet. You can not practice until all paper work is turned in.

Wrestlers last name _____ First name _____

Date of birth Mo. _____ day _____ Year _____

Phone number _____

Parent cell phone number _____

Parent name _____

Address _____ ZIP CODE _____

e-mail address _____

Date of last physical exam (must be from July 1, 2008 or later! _____

Doctors Name _____

Medications

Allergies _____

Emergency contact number _____

Health concerns

