



SABOTAGE SPORTS
REGISTRATION FORM

ATHLETE NAME _____

ATHLETE ADDRESS _____

ATHLETE PHONE _____ **CELL** _____

ATHLETE SPORT **WRESTLING**

SCHOOL ATTENDING _____

EVENT(s) _____

ATHLETE DOB ____ ____ ____ **CURRENT AGE** ____

(WRESTLERS ONLY) **APPROXIMATE WEIGHT** _____

PARENT NAME _____

PARENT ADDRESS _____

PARENT PHONE _____ **CELL** _____

EMAIL ADDRESS (for tournament updates and results)

I, _____ the undersigned give permission for _____

to participate in the above referenced sport activity.

Print Parent Name

Parent Signature

Print Athlete Name

Athlete Signature