

LEE KEMP ACADEMY OF WRESTLING
Registration Form

Wrestlers Name: _____ **Date:** __/__/__

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Cell:** _____

Email: _____

USA Wrestling Card # _____

Parents Name: _____

Phone: _____ **Cell:** _____

School: _____

Coach: _____ **Phone:** _____

How long have you been wrestling? _____

Accomplishments: _____

Weight Class: _____ **Current Weight:** _____ **Age:** _____

DOB: _____ **Graduation Year:** _____

Are you planning to wrestle in college? _____

Future goals in wrestling? _____

