

SAUK VALLEY WRESTLING CLUB WRESTLER CONTACT INFORMATION

WRESTLER:				
NAME:				
BIRTH DATE:		AGE :12/31/09		GRADE:
YEARS EXP:		APPROX. WEIGHT:		
T-SHIRT SIZE:	<i>YOUTH MEDIUM LARGE</i> <i>ADULT SMALL MEDIUM LARGE X-LARGE</i>			

No exchanges on t-shirts. If you are unsure, order the next size up.

All club correspondence will be emailed / mailed to the addresses listed below.

NAME:			*COACH:	YES	NO
RELATIONSHIP:		HOME:	CELL:		
ADDRESS:					
CITY ZIP:					
EMAIL:					

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RELATIONSHIP:		HOME:	CELL:		
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EMAIL:					

PUBLICATION RELEASE:

Each year our club tries to photograph as many of our wrestlers as possible while participating in club related events. These photographs can/will be used for website, newspaper, magazine, and advertising purposes. These photographs will be used at the discretion of The Sauk Valley Wrestling Club.

Our website, www.saukvalleywrestling.com, contains information pertaining to our program. This includes listing of our team roster. **We take our wrestlers privacy very seriously and do not directly identify any of the wrestlers participating in our program.**

Periodically we submit tournament information such as attendance and results for publication in Sauk Valley Newspapers. This information may include photographs and names of wrestlers. Photographs taken by The Sauk Valley Wrestling Club will be copyrighted and exempt from individual claim.

I acknowledge that I have had sufficient opportunity to review the provisions of this document and understand its purpose, meaning and intent and agree to the above publication release.

PARENT SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____