

**Please write as clearly as possible.



Contact Information

Runner:

Last Name: _____ First Name: _____ DOB: ____/____/20____

School: _____ Grade (2021-2022) _____

Wrestler Phone Number: _____ - _____ - _____

Wrestler Email: _____

Medical Concerns: _____

Parent/Guardian:

1) Last Name: _____ First Name: _____

Phone Number: _____ - _____ - _____

Email: _____

2) Last Name: _____ First Name: _____

Phone Number: _____ - _____ - _____

Email: _____

Notes: _____

**Please provide valid contact information for the student and the parent/guardian. This information is necessary to communicate with the runner and their parent/guardian.