

BEACHWOOD BEGINNER BRAWL

In Memory of Bernie Weiskopf

PLEASE FILL OUT THIS REGISTRATION FORM PRIOR TO WEIGH INS

Wrestlers Name: _____

Club/Team: _____

Age: _____ Division: _____ # of Years Wrestling: _____

Address: _____
Street City

Address: _____
State Zip Code

Email: _____

Emergency Contact

I hereby give permission for my child to participate in the Beachwood Beginner Brawl Wrestling Tournament. It is understood that neither the Beachwood Board of Education nor the Beachwood Recreation Department their agents, employees or tournament personnel are liable for any such injury which my child incurs. I accept full liability of any damage which may be caused by my child.

Signature of Wrestler: _____

Signature of Parent/Guardian: _____

Date: _____

Paid: _____
Check # Cash