

Dep. Ck#	\$
Fee Ck#	\$
Name on Check	
Age (12/31/14):	Weight:
E-Board Int:	B JV V

Office use only

BASIC INFORMATION

CHILD NAME : _____

PARENTS NAME : _____

AS OF SEPT. 1,2019 (5 & under) (6-7) (8-9) (10-11) (12-14)
 DIVISION(please circle) : TOT BANTAM INTERMEDIATE NOVICE SENIOR

YEAR IN WRESTLING (Including this year) : _____

CHILD SHIRT SIZE(please circle) : YTH SM YTH MED YTH LG YTH X LG
 ADUTL SM ADULT MED ADULT LG ADULT XLG

Minooka Indians Elite Youth Photo Consent

WRESTLING

_____ I consent to having the record, retain, and publish photographic images of my child(ren) on the Minooka Indians Elite website and the local newspaper for the purposes of promoting the wrestler, team, or Illinois Kids Wrestling Federation.

_____ I DO NOT consent to having the record, retain, and publish photographic images of my child(ren) on the Minooka Indians Elite website and the local newspaper for the purposes of promoting the wrestler, team, or Illinois Kids Wrestling Federation.

PARENT'S SIGNATURE: _____ DATE: _____