

# Online Application

Please complete all applicable questions.

Wrestler Name \*

First Name

Middle Name

Last Name

USA Card Number \*

Birth Date \*

Month

Day

Year

School Grade \*

School \*

Name of last school attended (MS, HS or Home School)

Division \*

☐ Junior Athlete

☐ Cadet Athlete

Wrestler Primary  
Phone \*

 - 

Area Code Phone Number

Wrestler Email

Wrestler Primarily Lives  
With \*

Father Name

First Name

Last Name

Father Primary Phone

 - 

Area Code Phone Number

Father E-mail

Father Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Mother Name

First Name

Last Name

Mother Primary Phone

	-	
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Area Code Phone Number

Mother E-mail

Mother Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

United States

Country

Guardian Name

First Name

Last Name

Guardian Primary Phone

	-	
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Area Code Phone Number

Guardian E-mail

Guardian Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

United States

Country

## Accolades & Achievements

Please list your Freestyle and / or Greco-Roman participation, accolades and achievements in the areas provided below.

Junior - FS / GR

Accolades & Achievements

Cadet - FS / GR

Accolades & Achievements

School Boy - FS / GR

Accolades & Achievements

High School Folkstyle

Accolades & Achievements

Wrestler Head Shot

Choose FileNo file selected

Optional - upload a portrait image of wrestler (JPG or JPEG file types only).

Signature (Use Mouse or Cursor) \*

Enter the message as  
it's shown \*

Submit Application for Membership

Clear Form

