# DV SAINTS WRESTLING

**K–8 STUDENT REGISTRATION FORM**

## STUDENT INFORMATION

| | |
|---|---|
| **Student's Full Name** | **Student Phone Number** |
| **School Currently Attending** | **Current Grade** |
| **Current Weight (lb)** | **T-Shirt Size** |

## AAU INFORMATION

| |
|---|
| **AAU Card Number** |

## PARENT / GUARDIAN INFORMATION

| | |
|---|---|
| **Parent / Guardian Full Name** | **Parent / Guardian Phone Number** |

Please complete all fields and return this form to the DV Saints Wrestling coaching staff. If a student does not have an AAU card yet, write "Pending."

**Thank you for being part of DV Saints Wrestling!**