



HUSTLE WRESTLING TRAINING

DETAILS & CONTACT INFORMATION

Full Name: _____

D.O.B: _____

Pronouns: _____

Email Address: _____

Contact Number: _____

Medical issues / Health Conditions (Please detail):

Emergency Contact Name and Number:

The information above was correct at time of completion. I will inform Hustle Wrestling of any changes to the above information. By attending Hustle, I agree to abide by the **Code of Conduct**.

Parent/Guardian (if under 18)

Signed: _____

Signed: _____

Dated: _____

Dated: _____