

5th ANNUAL VALLEY DOMINATOR

REGISTRATION FORM

PLEASE WRITE LEGIBLY, I HAVE TO BE ABLE TO READ IT, THANKS!

NAME: _____

ADDRESS: _____

PHONE: (____) _____ E-MAIL: _____

DATE OF BIRTH: _____ GRADE: _____ AGE: _____

WEIGHT: _____ DIV: _____

YEARS OF EXPERIENCE: _____

ACCOMPLISHMENTS: List accomplishments from 2009-2010 season.

CONSENT TO PARTICIPATE FORM

I give my permission for _____ to wrestle in the
6th Annual Valley Dominator Folkstyle Wrestling Tournament. I hereby release those involved with
the tournament, agents or representatives of the school and Harrisonburg City Schools from any
responsibilities or liability for injury or accident to the entrant listed above.

Parent/Guardian signature: _____ Date: _____

Mail registration forms and entry fee to:

Eric Miller
1714 Central Ave
Harrisonburg, VA 22801