

Kell Junior Wrestling Health Form

Name of Wrestler _____

Address _____

City _____ **State** _____ **Zip code** _____

Phone Number _____

Name of Physician _____

Address _____

City _____ **State** _____ **Zip code** _____

Phone Number _____

Med Ins Co./Pol # _____

Date of last Tetanus Shot _____

Are all of the above mentioned child's immunizations current?

Date of last physical _____

My child _____ **is in good health and able to participate in this sport.**

Parent's Signature _____