



**PANTHERS ELITE SUMMER WRESTLING CLUB**

**2026 Registration Form**

**July 6,2026 - August 14,2026**



**Wrestler's Name:** \_\_\_\_\_ **Grade(Fall 26):** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Years wrestled prior to this year:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Referred by (if anyone):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardians name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Emergency Contact - Relation to wrestler:** \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_ **Insured Name:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Are there any pre-existing health conditions that would put your child/children at risk?** Y or N

**Any Allergies?** Y or N \_\_\_\_\_ **Any Food/ Diet Restrictions** Y or N \_\_\_\_\_

Athletes must have an updated sports physical on file to participate

**Yes**, Attached  **No** I need to obtain a physical

<p><b>Shirt Size</b> (check)  <b>Youth:</b> <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L or <b>Adult:</b> <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p> <p><b>Shorts Size</b> (check)  <b>Youth:</b> <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L or <b>Adult:</b> <input type="checkbox"/>S <input type="checkbox"/>M <input type="checkbox"/>L <input type="checkbox"/>XL</p>
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I hereby give **consent** for my son/daughter, \_\_\_\_\_, to participate in the Panthers Elite Summer Wrestling Club. I hereby release CCCOEO/Panthers Elite Summer Wrestling Club, and anyone connected with this program from any claims, liabilities or rights for any injuries or losses suffered by my son/daughter in training for, traveling to and from or while participating in the Panthers Elite Summer Wrestling Club.

I, (parent's name) \_\_\_\_\_, give CCCOEO/ Panther Elite Summer Wrestling Club the right and permission to photograph or videotape my child while competing, practicing and/or participating in other Panthers Elite Summer Wrestling Club events and to use photographs or videos in its promotional materials and publicity efforts. I understand that the photographs or videos may be used in publication, print ads, direct-mail pieces, electronic media or other forms of promotion.

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Camden County OEO is proud to offer the Panther Elite Summer Wrestling Club free of charge. We are committed to providing our community with resources and opportunities that support success and growth. As part of our program requirements, our funders require all participants to complete a Household Intake Assessment. Please take a moment to fill out the information provided below

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS#: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_

PHONE# \_\_\_\_\_

Email: \_\_\_\_\_

Ethnic Background	Family Type	Marital Status
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single
<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Married
<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Single Person	<input type="checkbox"/> Separated
<input type="checkbox"/> Native American	<input type="checkbox"/> Two Adults/ no children	<input type="checkbox"/> Divorced
<input type="checkbox"/> Asian	<input type="checkbox"/> Two Adults +child(ren)	<input type="checkbox"/> Widowed
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> Multi-racial		

Family Size		Education (age 24 & over)	Housing Status	
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 0 – 8 <sup>th</sup> grade	<input type="checkbox"/> Rent Home	<input type="checkbox"/> Shelter
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 9 <sup>th</sup> –12 <sup>th</sup> (non- graduate)	<input type="checkbox"/> Rent Apt.	<input type="checkbox"/> Homeless
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> H.S. Diploma/ GED	<input type="checkbox"/> Motel	
<input type="checkbox"/> 4	<input type="checkbox"/> 8 +	<input type="checkbox"/> 12+ (College/ training)	<input type="checkbox"/> Home Owner	
		<input type="checkbox"/> 2 or 4yr. College Graduate	<input type="checkbox"/> Live w/ friend or family	

Source of Income			Total Gross Monthly Income \$ _____	
<input type="checkbox"/> SSI	<input type="checkbox"/> SSA	<input type="checkbox"/> Pension		
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment		<b>**REQUIRED** ADDITIONAL INFO.</b>	
<input type="checkbox"/> TANF	<input type="checkbox"/> GA	<input type="checkbox"/> Other	<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran
<input type="checkbox"/> Child Support	<input type="checkbox"/> No Income		Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Disability:				

**Household Members**

<b>Name (Last, First)</b>	<b>SS#</b>	<b>DOB</b>	<b>Age</b>	<b>Sex</b>	<b>Relation to applicant</b>

**Please be assured that, in accordance with all Community Action Agencies, your personal information is confidential and will be protected. The information collected through this intake process may be used for reporting purposes and to assist with eligibility/enrollment for future OEO programs and services.**