



Jesse Castro  
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# WRESTLING QUESTIONNAIRE

## Liberty University

### Personal Information

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

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_ Date of Birth     /     /      
*Street City State Zip MM DD YY*

Your E-mail Address: \_\_\_\_\_ Your Phone: \_\_\_\_\_ S.S. Number     -     -    

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occipation \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Youth Pastor \_\_\_\_\_ Phone \_\_\_\_\_

### Academic Information

High School: \_\_\_\_\_

Address: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Present Core GPA \_\_\_\_\_ Core Hours \_\_\_\_\_

PSAT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

Intended Unversity Major: \_\_\_\_\_

### Wrestling Information

Head Wrestling Coach: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Club Coach: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Anticipated College Weight: \_\_\_\_\_

Scholastic Record: Freshman: \_\_\_\_\_ Sophmore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

Post Season Placings: \_\_\_\_\_

Wrestling Honors: \_\_\_\_\_

Freestyle-Greco Experience: \_\_\_\_\_

Liberty University has permission to receive a copy of my high school transcript, which includes test scores.

\_\_\_\_\_  
Student Athlete

\_\_\_\_\_  
Parent/Guardian's Signature (if student under 18)