

*WRESTLING PARENT CONSENT LETTER*

I (We), \_\_\_\_\_ , the parent(s)/ guardian(s) of \_\_\_\_\_ , did attend a meeting for parents of wrestlers at \_\_\_\_\_ Lutheran School on this date. At this meeting, I/we heard coach/administrator/teacher \_\_\_\_\_ state that wrestling is a contact sport which potentially involves injuries that can be minor, serious or even catastrophic. I/We received information on infections and proper hygiene. I/We understand the possibility that injuries may occur to my/our child/ward and give my/our consent for him to continue to participate in the wrestling program at \_\_\_\_\_ Lutheran School. I/We also agree to follow the hygiene procedures listed and divulge possible infectious conditions as soon as possible to the coach/administrator of the school.

Signed this date ( \_\_\_\_\_ )

Signatures \_\_\_\_\_  
\_\_\_\_\_