



PARENT / GUARDIAN CONSENT

Athlete Name: _____

(please print)

Parent / Guardian Name: _____

(please print)

Permission to Participate:

I, the undersigned, hereby give my permission for my child / ward to attend and participate in the following Wrestling Canada Lutte sanctioned event, as an under-aged participant, as per the most recent edition of the Wrestling Canada Lutte regulations:

Event Name: _____

Event Date(s): ___/___/___
 dd mm yyyy

NOTE: This consent form must be accompanied by a Medical Certificate.

Parent / Guardian Signature: _____

Date: _____

