

# State Wrestling Tournament Permission Form

Student Cost: \$160.00

\$40 Deposit Required by Friday, January 8, 2010 / balance due by Friday, January 29, 2010

Tournament Dates: February 25, 26, and 27, 2010

## Wrestler Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_\_ Grade Level: 5  6  7  8  9  10  11  12   
Mailing Address: \_\_\_\_\_  
Primary Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Your Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Emergency Contact's Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Medical Conditions / History: allergies, medications, asthma, etc.: \_\_\_\_\_

## Parent / Guardian Information

Father Name: \_\_\_\_\_  
Father Address: \_\_\_\_\_ Same as Wrestler   
Father Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Father Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Father Email: Same as above  \_\_\_\_\_@\_\_\_\_\_•\_\_\_\_\_

Mother Name: \_\_\_\_\_  
Mother Address: \_\_\_\_\_ Same as Wrestler   
Mother Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Mother Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Mother Email: Same as above  \_\_\_\_\_@\_\_\_\_\_•\_\_\_\_\_

Guardian Name: \_\_\_\_\_  
Guardian Address: \_\_\_\_\_ Same as Wrestler   
Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Guardian Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Guardian Email: \_\_\_\_\_@\_\_\_\_\_•\_\_\_\_\_

## Parent / Guardian Agreement

I, the parent / legal guardian of the registrant, a minor, agree that the registrant has my permission to participate in the Wisconsin State Wrestling Tournament Trip. I understand the chaperones have agreed to supervise my son/daughter. If disciplinary problems arise, the chaperone has my express permission to handle the situation as he or she deems appropriate. If it is necessary to send my son/daughter home due to any issues, I agree to assume all financial responsibility for the said decision.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Agreement

I agree to follow the rules and requests set forth by the River Falls Wrestling Booster Club and the adult chaperones while I am on the State Wrestling Tournament Trip. I understand that this is a group activity and that my cooperation and participation in all aspects of the trip is expected. I will follow the wrestling code of conduct and WIAA rules and regulations at all times. I agree not to bring / use alcohol / tobacco on this trip. I agree that my luggage can be searched at any time.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Club Use Only Payment Type  Cash  Check | Check Number \_\_\_\_\_