



## 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 United World Wrestling rulebook:

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent / Guardian Signature: \_\_\_\_\_

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

