

CONSENT FOR PARTICIPATION IN THE
L.S.A.A. LEAGUE WRESTLING CHAMPIONSHIPS

Date: March 19, 2011

Location: Wyneken Memorial Lutheran School

Wrestler's Name:

WE DO consent to _____
wrestling in the LSAA League Wrestling Championships.

Father's signature

Mother's signature

WE DO NOT consent to _____
wrestling in the LSAA League Wrestling Championships.

Father's signature

Mother's signature