

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

**Date:** March 20, 2010

**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