

Amateur Wrestling Regional Travel Permission Slip

Wrestler Name:

Event Name:

Event Date(s):

Event Location:

Travel Departure Date & Time:

Return Date & Time:

Coach/Chaperone Name(s):

Parental/Guardian Permission

I hereby give permission for my child, _____, to attend and participate in the above mentioned event and travel with the team under adult supervision.

Parent/Guardian Name:

Relationship:

Parent/Guardian Signature:

Date:

Emergency Contact Name:

Emergency Contact Phone Number:
