

# Bear River School Wrestling Permission Slip



My child, \_\_\_\_\_ has permission to join the  
(Student Name)  
Bear River School Wrestling team.

Grade in school: \_\_\_\_\_

School your child attends: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name(s) of parent(s) or guardian(s): *(please print)*

\_\_\_\_\_

Contact number and email:

Phone: H: (     )                      C: (     )

Email: \_\_\_\_\_

\*To notify parents of any changes or special announcements, a Bear River Wrestling contact group will be created to help expedite our communication with you. Please let us know if you have any concerns.

\_\_\_\_\_ /     /  
(Parent / Guardian Signature)                      (Date)

