

# REYNOLDS SCHOOL DISTRICT

531 Reynolds Road  
Greenville, PA 16125

To whom it may concern:

I hereby give \_\_\_\_\_ permission to participate in the Reynolds School District Elementary Wrestling Program and agree to furnish the necessary equipment.

My child \_\_\_\_\_ DOES have school insurance.

My child \_\_\_\_\_ DOES NOT have school insurance.

However, he is covered under our family insurance program with \_\_\_\_\_  
(Name of company or employer)

I have read and understand the guidelines noted and I waive the Reynolds School District and coaches of any responsibility concerning injury during the wrestling season, including travel / transportation to and from any athletic activity.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Please provide ALL lines below including email for announcements & emergencies**

Wrestler's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Parents E-Mail Address:** \_\_\_\_\_

Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

**Additional Emergency Contact (Name & Phone #)**  
*(Different than above)*

My child is allergic to:

Daily medications, if any: