



Parent/Guardian Consent to wrestle up one Age Category

Athlete Name: _____
(please print)

Parent / Guardian Name: _____
(please print)

Permission to Participate:

I, the undersigned, hereby give my permission for my child / ward to attend and participate in the following MAWA sanctioned event, as an under-aged participant, as per the most recent edition of the CAWA Wrestling rulebook:

Event Name: _____

Event Date(s): ____/____/_____
DD / MM / YYYY

Signature of Parent/Guardian: _____

Date: _____

NOTE: This consent form must be signed by the Parent / Guardian, Coach, Athlete, and Head Referee.

Required Signatures

Athlete: _____

Coach: _____

Head Referee: _____