

Spectator Bus to Sectionals Permission Form

River Falls Wrestling

1. Riders will obey the bus driver at all times and will remain seated.
2. Riders will arrive on or ahead of time. The driver will not wait for anyone. The bus will leave at 06:30 AM sharp.
3. Exact return time is not certain; please provide your child a monitored number to call as we come into town for a ride home. We will immediately depart for River Falls following the finals of the tournament.
4. No walk-ons. Only students who have a signed permission slip for the bus may ride the bus.
5. Riders who repeatedly misbehave will not be allowed to ride the bus next year.

Wrestler Information

Last Name: _____ First Name: _____ Initial: _____
Birth Date: _____ Grade Level: 6 7 8 9 10 11 12
Mailing Address: _____
Primary Home Phone: _____ Emergency Contact: _____
Your Cell Phone: _____ Emergency Contact's Phone: _____
Medical Conditions / History: allergies, medications, asthma, etc.: _____

Parent / Guardian Information

Father Name: _____
Same as Student:
Father Address: _____
Father Home Phone: _____ Father Cell Phone: _____

Mother Name: _____
Same as Student:
Mother Address: _____
Mother Home Phone: _____ Mother Cell Phone: _____

Guardian Name: _____
Same as Student:
Guardian Address: _____
Guardian Home Phone: _____ Guardian Cell Phone: _____

Parent / Guardian Agreement

I, the parent / legal guardian of the registrant, a minor, agree that the registrant has my permission to ride the spectator bus to Merrill, WI to watch the sectional tournament. I understand the chaperones have agreed to supervise my son/daughter. If disciplinary problems arise, the chaperone has my express permission to handle the situation as he or she deems appropriate. If it is necessary to send my son/daughter home due to any issues, I agree to assume all financial responsibility for the said decision.

Signature: _____ Printed Name: _____ Date: _____

Student Agreement

I agree to follow the rules and requests set forth by the River Falls Wrestling Booster Club and the adult chaperones while I am on the Tournament. I understand that this is a group activity and that my cooperation and participation in all aspects of the trip is expected. I will follow the wrestling code of conduct and WIAA rules and regulations at all times.

Signature: _____ Printed Name: _____ Date: _____