BETHLEHEM AREA SCHOOL DISTRICT

Bethlehem Area School District
Bethlehem, Pennsylvania

Parental Consent Slip for Participation in **BOYS/GIRLS Intramural Wrestling**

Pupil's Name: _____ Telephone: _____

Address: _____

Email: _____

My son/daughter _____ has my permission to
(Name of Student)
Participate in the Northeast intramural program of: **Intramural Wrestling**

In case of an accident I have the following insurance coverage for my son/daughter:

Insurance Company (Place an X over the coverage you have)

- Blue Cross
- Blue Shield
- Other _____
- School Insurance

I will present all claims resulting from any injury sustained by my child to the above named company.

_____ _____ _____
(Date) (Parent/Guardian Signature) (Cell Phone)

Turn to the back for a tentative schedule and important information

KEEP THIS SHEET AT HOME

When: **(STARTING Monday October 20th)**
Where: Meet in A211 (Miss Sarah Ryan's room) 7th grade floor and then we will go to Aux. Gym
Why: To learn the fundamentals of Wrestling with an emphasis on technique, teamwork, and fun.

***If you have wrestling equipment (head gear, shoes, etc) please bring it with you. * Any questions, see Miss Ryan or Mr. Spieker**

Head Coach: Mr. Kyle Dehaut / Asst. Coach: Miss Ryan

Tentative Intramural Wrestling Schedule

NOTE: *all the following dates are tentative and are subject to change depending on weather or cancellations. We will give you enough notice so you can plan accordingly.*

DATE	TIME
Monday, October 20th	3:25 - 4:25
Tuesday, October 21st	3:25 - 4:25
Wednesday, October 22nd	3:25 - 4:25
Thursday, October 23rd	3:25 - 4:25
Monday, October 27th	3:25 - 4:25
Tuesday, October 28th	3:25 - 4:25
Wednesday,October 29th	3:25 - 4:25
Thursday, October 30th	3:25 - 4:25
Monday, Nov. 3rd	3:25 - 4:25
Tuesday, Nov. 4th	NO SCHOOL
Wednesday, Nov. 5th (Middle School Meet)	3:35 - 8:00 (@ Brougahl's Gym) *Parents Pick up at Meet **OR Pick up after Bus takes back to NE to pick up