

Wapakoneta Wrestling
1 West Redskin Trail
Wapakoneta, OH 45895-9377



Jason Rostorfer, Head Coach
Email: rostja@wapak.org

Phone: 419-739-5200
Fax: 419-739-5305

Bradley R. Rex, Athl. Administrator
419-739-5204

www.wapakonetawrestling.com

**WAPAKONETA HIGH SCHOOL
CONTEST TRAVEL RELEASE**

(Must be on file in the Athletic Office 48 HOURS PRIOR to contest)

This certifies that _____ has my permission to ride: to
(Student's Name) from
 to and from

the wrestling contest on ____/____/____, at _____.
(Date) (Location of Contest)

I, _____ as parent/guardian certify that I am
(Parent Name)

PERSONALLY TRANSPORTING the above named student.

State reason for not riding the bus/van:

(Reasons must be specific and sufficient to justify riding with the parent/guardian)

I understand that the Ohio High School Athletic Association Rules require student athletes to ride Board approved transportation to and from all athletic events and departure from this requirement will release the Wapakoneta City School District from all liability for any adverse results that may occur.

I agree to release the Wapakoneta City School District and its employees and officers from all liability with reference to the above stated transportation. A copy will be kept on file and a copy will be given to the coach.

***** Approval of this form gives permission for the athlete to ride to and/or from a contest with the parent; it does NOT permit the student to leave an event early without prior permission from the Coach.**

Signature of Parent _____/_____/_____
Date

Approved – Not Approved

Signature of Athletic Administrator _____/_____/_____
Date