

Wrestling Transportation Waiver

I, _____ give the following persons:

Names: _____

permission to transport my son/daughter: _____ to and from the
wrestling event(s) _____

on the following dates: _____

I also agree to hold these persons as well as Forsyth County Schools and all of its employees and coaches harmless in case of an accident in which my child is injured. I also give this person and the coaches of Forsyth Central permission to seek medical assistance for my child in case he/she needs medical attention in my absence.

Health Insurance Carrier: _____

Health Insurance Number: _____

Group Number: _____

Insurance Phone: _____

(or please attach a copy of the health insurance card)

Emergency Contact Phone Numbers: _____

Secondary Contact: _____

Parent/Guardian Printed Name: _____

Signed: _____ Date: _____

This form must be notarized:

Notary Seal Expires