

Physical Opt Out Form

I have been informed by The Freeland youth Wrestling Club that it is a good idea to have my child examined by a doctor to be sure that they are healthy enough to participate in wrestling. While I have not shared the results of a doctor's exam with the club, I feel confident that my child is healthy enough to participate in wrestling.

By signing below, I acknowledge that I am asking the Freeland Youth Wrestling Club to allow my child to participate in wrestling without having a physical on file.

Wrestler's Name

Signature of Wrestler's Parent/Legal Guardian

Date