



PARENTAL PERMISSION FORM

I hereby grant _____ High School permission to allow an assessment to be performed by a CIF Certified Assessor provided for my son/daughter for the purpose of determining body fat under the CIF Wrestling Weight Certification Program. I understand that the CIF requires this assessment to be completed in order for my son/daughter to be eligible to compete in wrestling in any CIF competition.

I hereby agree to release, discharge and forever hold harmless the CIF, the school and CIF Certified Assessors from any and all claims, I am free to deny any consent for my son/daughter both now and at any point during the testing.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand the testing procedure in which my son/daughter may be engaged. I consent and give permission for my son/daughter to participate in this assessment.

DATE _____

NAME OF STUDENT-ATHLETE _____

STUDENT SIGNATURE _____

NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN SIGNATURE _____

PLEASE RETURN NO LATER THAN _____, 20__

TO: Head Wrestling Coach