

ISSAQUAH HIGH SCHOOL WRESTLER AND PARENT PLEDGE
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Wrestler Name (Print)

This checklist and signature page must be completed and handed in with your yellow/gold receipt on or before the first day of practice.

Please check off each section you have reviewed

- | | |
|---|--|
| <input type="checkbox"/> Academic Standards
<input type="checkbox"/> Conduct
<input type="checkbox"/> Sportsmanship
<input type="checkbox"/> Practice Expectations
<input type="checkbox"/> Showering/Hygiene Expectations
<input type="checkbox"/> Locker Room Expectations
<input type="checkbox"/> Bus Expectations
<input type="checkbox"/> Injuries/Skin Issues/Nutrition/Weight Management | <input type="checkbox"/> Competition Days
<input type="checkbox"/> Match Limits
<input type="checkbox"/> Challenge Procedures
<input type="checkbox"/> Varsity Lettering Requirements
<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Registration and Payments
<input type="checkbox"/> Information
<input type="checkbox"/> Communication and Calendar |
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Please provide the following contact information:

Email Address (Wrestler)	
Email Address (Parent/Guardian)	
Email Address (Parent/Guardian)	
Contact Phone (Wrestler)	
Contact Phone (Parent/Guardian)	
Contact Phone (Parent/Guardian)	

With signatures below, we pledge that we have received and reviewed the contents of the Issaquah Wrestling handbook. I pledge my integrity to my team and school by following the standards set forth.

Wrestler Signature

Date

Parent/Guardian Signature

Date