

## **Authorization to Participate in Wrestling and Release Information**

I authorize the Student identified below to participate in wrestling with the Tacoma School District (“District”). I understand that in order to participate in wrestling, the Student must comply with the Washington Interscholastic Athletic Association’s requirements for the Wrestling Weight Management Program (“WWMP”). I acknowledge that a copy of the WWMP has been provided to me or that I can obtain a copy from the Student’s coach or school athletic director.

I understand that under the WWMP, before the first practice date the Student must:

- Be assessed to determine his/her height, percentage of body fat and body density, and
- Provide a urine sample under specific conditions, with a urinalysis paid for by the District (for specific gravity testing to measure the Student’s hydration (water) level).

I understand that the results of these assessments and urine sample will be used to determine the weight classes in which the Student may wrestle during the season and in post-season meets.

I further authorize the District to release the results of the assessments of the Student’s height, specific gravity testing and hydration level to the WIAA or its agents and WIAA-certified assessors. I also understand that I may receive a copy of these results upon request.

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Student’s Name (please print)

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Parent/Guardian (if Student is under 18 years of age) or Student (if 18 years of age or older) Signature

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Please print Parent/Guardian/Adult Student’s name

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Date