Wrestling Intramural

Wrestling Intramural for **6th graders will begin on Thursday, October 30th.** Each session will be held from **7:15a.m. to 7:50 a.m**.

All participants must turn in the permission slip (on back). Those who have not paid the one-time intramural fee of $26, will need to turn that in along with the permission slip. If paid by check, please make it payable to NCUSD 203. If you have any questions, please see Mr. Nutt. This intramural will focus on instruction, drilling, games, and live wrestling. All wrestlers will be paired with partners who are similar to their size, weight, and ability. Enter through gym door #4 around 7:15am.

Dates for Sessions: (Select Mornings & Friday afternoons)

Mornings:
Thursday, October 30th, 7:15am
Tuesday, November 4th, 7:15am
Wednesday, November 5th, 7:15am

After School:
Friday, November 7th, 3:00-4:15pm
Friday, November 14th, 3:00-4:15pm
Friday, November 21st, 3:00-4:15pm
Friday, December 5th, 3:00-4:15pm

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Wrestling Intramural Permission Slip

Student Name: _____ **Grade:** 6 7 8

I give permission for my child to participate in the Wrestling Intramural at WJHS. In signing this permission slip, I understand that in case of accident or loss, we will not hold the school or any of its employees liable for such damage or loss.

I understand that my child will not be able to access medications that are in the health office. District policy does not allow students to carry any medications during the school day. A student may self-carry an albuterol inhaler or an epinephrine auto-injector with the proper documentation on file in the health office. For other medications, please plan to have a responsible adult bring the medication to practice/sporting event. If you have any questions at all about medications needed for after or before school activities, please contact the coach/supervisor as soon as possible.

_____ _____

Parent / Guardian Signature Date

Emergency Contact Information:

Name: _____ Phone Number: _____

Is your son or daughter on medication? ____yes ____no

If yes, please explain and indicate whether supervision is needed:

_____

Does your son or daughter have allergies? ____yes ____no

If yes, please explain:_____

If you are unable to pay the fee, please contact your child's counselor.

- 5th/6th Grade: Tim Panega – tpanega@naperville203.org
- 7th Grade: Kelley Markwell – kmarkwell@naperville203.org
- 8th Grade: Casey Easley - ceasley@naperville203.org