

**PARENTAL CONSENT FOR WADEBRIDGE SCHOOL  
FIXTURES, MATCHES and TOURNAMENTS**

**NAME of PUPIL:** \_\_\_\_\_

**PUPIL YEAR:** \_\_\_\_\_ **FORM:** \_\_\_\_\_

**Please Tick the appropriate boxes:**

I have read and understood the attached letter I give permission for my child to represent Wadebridge School sports teams at home and away fixtures, matches and tournaments.

I give permission for the above child to make their own way home following fixtures, matches and tournaments.

**PARENT/CARER SIGNATURE:** \_\_\_\_\_