



ATHLETE RELEASE FORM

Athlete's Name: _____

PARENT'S STATEMENT: I hereby give my consent for the above named student to compete in sports. I authorize the student to go with, and be supervised by, a representative of the school on any trips. In case this student becomes ill or is injured, I authorize you to have the student treated and I authorize the medical agency to render treatment. We understand the school personnel will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the school personnel responsible if efforts to contact me (us) are unsuccessful.

Date: ___/___/___ Parent Signature: _____

Phone (cell) _____ Phone (other) _____

PERMISSION TO RIDE WITH COACHES: I hereby give my permission for the above student to ride with coaches to and from practices and games.

Date: ___/___/___ Parent Signature: _____

PERMISSION TO RIDE WITH ANOTHER PARENT: I hereby give my permission for the above student to ride with another parent to and from practices and games.

Date: ___/___/___ Parent Signature: _____