



Game Release Form

Student: _____

School/Sport: _____

Head Coach: _____

Game Release Date: _____

Purpose for Release:

Parent/Guardian Signature:

Date of Signature:

** Please be aware that an athlete may be released only to a parent or guardian; release may be excused only in cases of emergency, or conflict with other school event. Please complete this form and turn at least one day prior to your game if at all possible. Thanks for your cooperation in helping us build team responsibility.*