

ATHLETIC RELEASE FORM

_____ is released to attend/participate in
(Name of Student)

camp, clinic or non-school team with coach _____
(Circle One)

from _____
(School Name)

*** SIGNATURES OF BOTH SCHOOLS * REQUIRED BELOW**

(Administrator of Releasing School)

(Coach of Releasing School)

(Coach of Non-School Team or Camp /Clinic Organizer)

(Supervising Administrator)