

# SOUTH ADAMS MIDDLE/HIGH SCHOOL ACKNOWLEDGEMENT FORM

for \_\_\_\_\_  
(Athlete)

## STUDENT AND PARENT SIGNATURE SHEET

I have read the South Adams Middle/High School Athletic Code and agree to abide by the rules and regulations stated therein. I also understand that I must abide by the team rules established by my coach.

Athlete's Signature \_\_\_\_\_

We have read the South Adams Middle/High School Athletic Code and agree to support South Adams School in the enforcement of this code of conduct.

Parent/Guardian Signature \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I request and authorize: Adams County Probation Department, Adams County Law Enforcement Agencies, Adams County Prosecuting Attorney and the Courts of Adams County to release information to: South Adams Middle/High School Athletic Department, 1000 Parkway Street, Berne, IN 46711.

Regarding: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print Athletes Name)

Address: \_\_\_\_\_

This information is for the purpose of continuity of goals between the student, student's parents, School Corporation and the above listed Adams County Agencies. Information released to the school will remain confidential for the benefit of the student(s) involved.

I authorize the above parties to exchange information verbally or in writing concerning probation or supervision rules or activities that may be in violation of the South Adams Middle/High School Athletic Code of Conduct.

I hold harmless South Adams School Corporation, the Adams County Probation Department, Adams County Law Enforcement Agencies, Adams County Prosecuting Attorney and the Courts of Adams County or other designees in regard to use of information authorized for release of exchange. I understand that this form may be revoked by me at any time except to the extent that action has already been taken. In the absence of revocation, this consent will expire of the first day of the next school year. I have read and understand the above and acknowledge that it was properly completed prior to my signature. A photocopy of this authorization is as authentic as the original signed Authorization of Release.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

NOTE: THIS SHEET MUST BE SIGNED IN TWO (2) PLACES BY PARENT/GUARDIAN AND BY THE ATHLETE.