

**CLOVERDALE COMMUNITY SCHOOL CORP.
ATHLETIC RELEASE FORM**

NAME OF ATHLETE _____

SPORT AND LEVEL _____

DATE OF EVENT _____

REASON FOR RELEASE _____

SIGNATURE OF PARENT _____

SIGNATURE OF COACH _____

AD/PRINCIPAL SIGNATURE

DATE OF APPROVAL _____

Athletes may only be released with prior approval. Athletes will only be approved for release to their own parent and/or guardian.