



ACACIAWOOD

PREPARATORY ACADEMY

Acaciawood Athletics

Re: Release Form

In the event of an emergency, I _____
Print Parent/Legal Guardian Name

the parent, legal guardian of _____
Print Student-Athlete Name

grant permission to all representatives of Acaciawood School including but not limited to: coaches, staff, and administrators, to authorize medical treatment of my son or daughter until I am available in person.

Signature of Parent/Legal Guardian

Date

Persons to contact in the event of an emergency:

Name of contact: _____

Contact's relationship to student-athlete: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Name of contact: _____

Contact's relationship to student-athlete: _____

Home phone: _____

Work phone: _____

Cell phone: _____