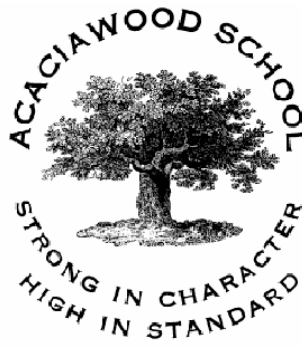


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Anaheim, CA 92801  
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**Phone: (714) 995-1800  
Fax: (714) 995-4023**

## Acacia Wood 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 Acacia Wood 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: \_\_\_\_\_