

ATHLETIC RELEASE FORM

Athlete's Name _____

Grade _____ Sport(s) _____

Parents / Guardians Name _____

Phone (home) _____

Phone (cell) _____

Phone (work) _____

Home Address (physical) _____

Home Address (mailing) _____

City _____ Zip _____

Email (parents) _____

Email (student) _____

By signing this form, you are indicating that you have read, understand and will support the rules, policies and procedures of the Benzie County Central Schools.

You are also acknowledging the fact that you understand athletics have an inherent risk involved while participating in sports. The coaches and staff are trained to maintain your child's safety as their most important priority, but you must also remind your athlete they need to follow the directions given by the coaching staff.

Understand at times the media and other educational institutions request information about your athlete and their athletic activities, you understand we will provide only the following items: name, grade, individual and / or team pictures, game statistics, and annual awards, other information will only be supplied with proper releases from the counseling office and principals office.

I hereby give my consent for my student (name) _____ to engage in interscholastic athletics and for the disclosure of the MHSAA of information otherwise protected by FERPA and HIPPA for the purpose of determining eligibility for interscholastic athletics: and I understand the possibility that serious injury may result from participating in athletic activities. My child has my permission to accompany the team as a member on its out - of - town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of Benzie County Central Schools and the Michigan High School Athletic Association.

Student/athlete signature

Parent / guardian signature

Date