

Athletic Release Form

Student Information					
Student's Name (Print)		Grade	Age	Birth Date	
Parent Information					
Parent/Guardian Name (Print)	Email	Email			
Street Address	et Address Home Phone				
City, State, Zip Code			Cell Phone		
By evidence of the signatures below, you testify that you: 1. Have read sexual harassment and hazing guidelines 2. Have read the Athletic Guide 3. Have read the provisions of the Authorization for Participation in Interscholastic Athletics form 4. Understand the MPSSAA and ACPS eligibility standards Failure to complete, sign and return to your child's coach will result in her/his exclusion from participation in the interscholastic athletic program of Allegany County Public Schools. Important: If a student changes residency during the sport season, parents must notify the athletic director immediately and update this form. I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.					
I hereby acknowledge that I received the Heat Acclimatization and Hydration Information Sheets. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention, treatment and the seriousness of heat and dehydration.					
☐ I have read the regulations entitled Eligibility Minimum Standards for Participation in Athletics (JJIC-R1-2) which govern participation in athletics in the Allegany County School System. I understand and agree to abide by said rules and regulations.					
My child has permission to participate in Interscholastic Athletics for the 2017-2018 school year.					
Student's Signature	Date	Parent/Guardian's Sign	nature	Date	

^{*}This form cannot be accepted without the above information.