GARDEN VALLEY SCHOOL

PARENT/GUARDIAN PERMISSION TO RELEASE STUDENT TO GARDEN VALLEY SOCCER CLUB

Student Information

Student/Player Name: _____

Grade: _____ Teacher: _____

Date(s) of Release: _____

_____

Parent/Guardian Permission

I, the undersigned parent or legal guardian, give **Garden Valley School** permission to release my child, identified above, from school supervision to the **Garden Valley Soccer Club Representative**.

Garden Valley Soccer Club Representative: **_____**

Representative's Phone Number: _____

Garden Valley Soccer Club Team: _____

I understand that once my child has been released by Garden Valley School to the designated Garden Valley Soccer Club coach, responsibility for my child will transfer from the school to the coach/organization for the purpose of participating in the authorized soccer activity.

Release Details

Date of Release: _____

School Release Time: _____

School Release Location: _____

Soccer Activity/Event: _____

Destination (if applicable): _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Relationship to Student: _____

Primary Phone: _____

Alternate Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Authorization and Signature

By signing below, I confirm that I am the parent or legal guardian of the student named above and authorize **Garden Valley School** to release my child directly to the Garden Valley Soccer Club coach identified on this form.

I understand that Garden Valley School's responsibility for my child ends upon release to the designated representative, and that the Garden Valley Soccer Club and/or designated coach assumes responsibility for the child following the release.

Parent/Guardian Signature: _____

Printed Name: _____

Date Signed: _____

School Use Only

Released By (School Staff): _____

Date/Time Released: _____

Released To (Coach): _____

Staff Signature: _____