



Saint Ursula Academy

Athletic Department
4025 Indian Road
Toledo, Ohio 43606
419-531-1693, ext. 218

**EARLY DISMISSAL/RELEASE OF STUDENT INFORMATION FORM –
ATHLETIC ACTIVITIES**

Sport: _____

Student Athlete: _____

The student-athlete listed above has my permission to be excused from class early when necessary to meet travel requirements for athletic competition.

I hereby authorize the release of any information relating to athletic participation of the above named student-athlete including medical information concerning injury or illness, biographical information, and other related information to athletic participation, including ability, attitude and conduct.

_____ I authorize the release of information to the media.

_____ I authorize the release of information to college coaches and scouts.

Signature of parent/guardian _____

Date _____