



Commitment ~ Respect ~ Integrity

RELEASING CHILDREN FORM

Tiger Team: _____

Players Name: _____

Players Address: _____

Players Phone #: _____

Health Concerns (chronic conditions, allergies, etc.)

Name of Players Parents/Guardians:

Address (if different from players)

Mother: _____

Father: _____

Guardian: _____

Phone Numbers:

Mother:

Home: () _____ Business: () _____ Cell: () _____

Father:

Home: () _____ Business: () _____ Cell: () _____

Guardian:

Home: () _____ Business: () _____ Cell: () _____

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**NAMES OF INDIVIDUALS THAT ARE ALLOWED TO PICK UP THIS
PLAYER FROM STREESTSVILLE TIGERS HOCKEY CLUB
ACTIVITIES:**

Name: _____

Relationship to Player: _____

Name: _____

Relationship to Player: _____

Name: _____

Relationship to Player: _____

Alternate person(s) to contact in case of an emergency:

Name: _____

Address: _____ **Phone:** () _____

Relationship to Player: _____

Name: _____

Address: _____ **Phone:** () _____

Relationship to Player: _____

Parent(s)/ Guardian

Signature: _____ **Date:** _____