

**St. Catherine of Siena Catholic School
Athletic and Extra-curricular Activity Release Form***

**Please fill out one form per child.*

I request and give permission for coaches and/or extra-curricular activity sponsors/assistants to pick up, sign out, and/or sign in my child from St. Catherine of Siena Catholic School and/or SCS Snack & Yack after school care program on the designated dates and times of the practices or activity meetings.

Student's First and Last Name & Homeroom:

Athletic Team and/or Extra-curricular Activity (Please list all anticipated activities for the 2014-2015 school year):

Printed Parent Name: _____

Parent Signature: _____

Date: _____

Please return form to the school front office.