

I/we consent to the disclosure, by my child's school, to the Jaguar Lacrosse Club, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child. I/we further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to the Academy of the Holy Names Athletic Department.

I/we are fully aware and acknowledge the full release of my child's FHSAA EL2 and EL3 forms from the Academy of the Holy Names to the Jaguar Lacrosse Club. I/we acknowledge that the Academy of the Holy Names and the Jaguar Lacrosse Club are two (2) separate entities and I/we fully recognize that the Academy of the Holy Names is not responsible for the Jaguar Lacrosse Club in any capacity.

Date: _____ Signature of Parent/Guardian: _____

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