



Loving Municipal Schools

Athletic Department

Phone: (575) 745-2032 Fax: (575) 745-2002

Parental Permission Release Form

(Must be submitted 24 hours before activity)

Please allow my son/daughter; _____ to be released to
(Name of Student/Athlete)

_____ on _____ after the following
(Parent/Guardian Only) (Date)

Athletic Activity: _____
(Athletic/Activity Event)

I _____ Assume full responsibility for my
son/daughter when he/she is released to me after the above athletic/activity event.

(Parent/Guardian Signature)

(Head Coach Signature)

(Building Principal or Athletic Director Signature)



Go Falcons