

Amherst Youth Football & Cheerleading

Release of Information: Student Report Cards

PRINT Student Name: _____ Date of Birth: _____

Current Grade (2008 - 2009): _____ Teacher Name: _____

Address: _____

City/State/Zip: _____

Father's Name: _____

Address: _____

Phone Numbers: _____

Mother's Name: _____

Address: _____

Phone Numbers: _____

I hereby give my permission to allow the Amherst Youth Football & Cheerleading League to have access to and to review my child's report cards. I understand that the staff may make decisions based on my child's report card as to his/her participation in football/cheerleading games/events. It is the goal of the staff to encourage my child to reach for high academic goals as part of a successful school year.

Father/Mother/Guardian's Signature: _____ Date: _____