

**GRADE RELEASE FORM  
ANDERSON HIGH SCHOOL LACROSSE CLUB**

**I hereby give my consent to Anderson High School Lacrosse Club to collect information regarding my son's, \_\_\_\_\_ (print full name of player) eligibility status. Only the designated board member and coach will receive information concerning my son's grades in order to determine playing eligibility.**

**Date:** \_\_\_\_\_

**Player**

**Parent**

\_\_\_\_\_

\_\_\_\_\_