



ReDirect Athletics

Phone: 775-870-9589

Email: info@redirectathletics.com

Consent to Release Child(ren) to Approved Individuals

In regards to the following child(ren):

_____	_____
Name of Child/Youth	Date of Birth
_____	_____
Name of Child/Youth	Date of Birth
_____	_____
Name of Child/Youth	Date of Birth

I, _____ (Parent / Legal Guardian), give ReDirect Athletics permission to drop off the above mentioned child(ren) with the following individuals (All over the age of 18):

Name of Approved Individual

Name of Approved Individual

Name of Approved Individual

(If children are in foster care, the individuals listed above must be approved by the county.)

Any changes made to the approved individuals list must be made in writing to ReDirect prior to taking effect.

Signature of Parent / Legal Guardian

Date