

GAP STUDENTS ACTIVITY/SPORT RELEASE 2024-2025

PLEASE FILL OUT COMPLETELY:

Name of student:	Grade:		
Name of activity/sport your student will be atter	iding (socc	er, tutoring, cheerle	ading, football, play
rehearsal, etc.):			
Days of week your student will be engaged in ac	ctivity - che	eck box or boxes tha	at apply:
☐ Monday ☐ Tuesday ☐ Wedr	iesday	☐ Thursday	☐ Friday
Times of activity:p.m. to	_p.m.		
Beginning and ending dates of activity:through			
Location of activity (room # and building if insi	de activity)	:	
Name of person who will be in charge of activit	у		and his/her contact
number:(cell)	(h	ome phone)	
Will your student be returning to GAP after the activity ends?If so, please advise your			
student that he/she will need to return to GAP w	ithin 10 mi	nutes of the end of	the activity; also, list
the name of the person who should be returning your student to GAP:			
Except in the case of inclement weather, students will be required to take their book bags with them to			
their activity if they will not be returning to GAP.			
Please attach to this Release a copy of your st			
and return these to GAP by the first day of the released to any activity without a completed by			ons, no student will be
rescused to any derivity without a completed 2	release off		
Parent's signature	Date		

NOTE: An Activity/Sports Release Form is required by GAP for **each** activity/sport and may be obtained at the school office, from GAP, or on-line at http://cathedralacademy.com (click on Forms and Documents and under Athletic Forms is the "GAP Students Sports Release 2024-25" form).