

# Oregon Interscholastic Ski Racing Association

## Parental Consent to Release Educational Records

This Parental Consent to Release Educational Records to Oregon Interscholastic Ski Racing Association (“OISRA”) should be completed by a parent or guardian of the student athlete who wishes to participate in OISRA activities. The parent or guardian must be a parent or guardian on record at the school the student athlete is enrolled and otherwise have the legal right to make decisions regarding the student athlete.

Please present this form to the school at which the Student Athlete is enrolled and complete any other documents or authorizations which that school may require to release the records requested hereunder.

Name of Student Athlete: \_\_\_\_\_ (the “Student Athlete”)

Age of Student Athlete: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name of School Attended: \_\_\_\_\_ (the “School”)

Address of School Attended: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ (“I” or “My”)

Relationship to Student Athlete: \_\_\_\_\_

Home Address: \_\_\_\_\_

I hereby authorize the School to release and mail (or provide as otherwise requested by OISRA) academic records regarding the Student Athlete to OISRA at 1067 W 18<sup>th</sup> Place, Eugene, OR 97402, upon request. This authorization shall only pertain to the following records for the \_\_\_\_\_ school year (the “Current School Year”): Student Athlete’s Academic Eligibility as determined by Rule 10.1 of the OISRA Policies, (Same as OSAA Rule 8.1). OISRA may use the disclosed information to determine if the Student Athlete is eligible to participate in OISRA activities. As a convenience to the School, OISRA will provide a checklist of all student athletes intending on participating in OISRA activities.

I understand this information is a student education record. By signing this release, I am waiving my right to keep this information confidential, to the extent indicated herein, under the Family Educational Rights and Privacy Act (FERPA). [20 U.S.C. 1232g; 34 CFR Part 99]

My consent for disclosure of this information is voluntary. I can revoke this consent in writing at any time but understand my revocation will not apply to materials already released. This consent shall remain in effect for the Current School Year and I must renew it at the beginning of each academic school year thereafter or as otherwise required by the School.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The parent/guardian who signs this form represents and warrants that they have the legal authority to make decisions on behalf of the Student Athlete and agrees to defend and indemnify OISRA against any and all liability which may arise from the signer’s misrepresentation hereunder.