



Cochrane – Fountain City Athletics



Senior Picture Uniform Request

Student Athlete _____

Parent Name _____

Address _____ City _____

Phone _____ Parent Email _____

Senior Picture Date _____

Specific Uniform(s)/Equipment

I understand that I am solely responsible for the uniforms/equipment that I am signing out from the Athletic Department. I will use the uniforms/equipment for the intended purpose of my Senior Picture session on the date above. I will not use them at any other time.

Initial _____

I understand that by using the uniforms/equipment for purposes other than my Senior Picture session, I will be subject to fines issued by the Athletic Department.

Initial _____

I understand that the damage or misplacement of the uniforms/equipment will result in a replacement fee in addition to the replacement cost of the items.

Initial _____

Student Name Printed _____ Student Signature _____

Parent Name Printed _____ Parent Signature _____

Athletic Director Signature _____ Date: _____