Eisenhower Middle School PARENTAL TRANSPORT RELEASE FORM To be completed 24 Hours prior to scheduled event

ACTIVITY: Manzano Mountain Retreat Band Camp						
ACTIVITY DATE: February 28-March 2, 2025 LOCAT	TON: Manzano Mo	ountain I	Retre	at		
PARTICIPANT:	GRADE (circle	RADE (circle one): 6 7 8			8	
STUDENT ID#:	Date of Birth:					
HOME ADDRESS:		ZIP:_				
PHONE NUMBER:						
AUTO INSURANCE CARRIER:						
REASON FOR NOT RIDING BUS:						
As the parent of the above listed participant, I agree to I agree to take all responsibility for my child from the m release APS and Eisenhower Middle School from any fur transporting my own child. I DO carry auto insurance to not transport any other participant other than my own of the contract of the participant of the contract of	noment the sponson ther liability when to cover passengers	r/coach I assum	releas	ses hin respo	n/her to nsibility	me. I
Parental/Guardian Signature	Relations	Relationship			_	
Print Parent/Guardian Name (Transporting Parent)	Phone No	Phone Number				
Sponsor's Signature	Position	Position				

Date

Administrator's Signature