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

ACTIVITY: NMAA State Competition

ACTIVITY DATE: April 16, 2026 LOCATION: Cleveland High School

PARTICIPANT: _____ GRADE (circle one): 6 7 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 transport said student to and/or from the listed event. I agree to take all responsibility for my child from the moment the sponsor/coach releases him/her to me. I release APS and Eisenhower Middle School from any further liability when I assume the responsibility of transporting my own child. I DO carry auto insurance to cover passengers in the event of an accident. I will not transport any other participant other than my own child/children.

_____ _____
Parental/Guardian Signature Relationship

_____ _____
Print Parent/Guardian Name (Transporting Parent) Phone Number

_____ _____
Sponsor's Signature Position

_____ _____
Administrator's Signature Date