Grand Avenue Athletics

Bellmore – Merrick Central High School District Grand Avenue Middle School

Travel Form (Please Print)

Athletes Name: _____ Date:_____

Parents Name: _____ Driving Parent's Name: _____

Sport: _____ School: _____

Event: _____ Date of event: _____

Location: _____

I _____give my son/daughter permission to travel with _____on

_____ _____, _____. I understand the responsibility of getting my athlete
(month) (date) (year)

to and from the event will fall upon this parent.

Parent's signature_____

Driving Parents signature_____

Coach's Signature _____