

AMITY REGIONAL SCHOOL DISTRICT #5

TRAVEL RELEASE FOR STUDENT-ATHLETE

This is a request that _____ a member of the
(Athletes Name)

_____ at _____
(Team) (School)

be given permission to be Transported by

_____ on _____
(Parent / Guardian's Name)* (Date)

To: _____ and/or From: _____

Reason for Request: _____

I understand that Amity Regional School District policy indicates that student-athletes are to travel via the provided transportation. By requesting a waiver, I agree to identify and hold the Amity Regional School District, its officers, agents and employees harmless from any and all claims or loss for bodily injury or property damage arising out of such independent travel.

It is understood that I will **personally** transport my son/daughter **only** and assume **full responsibility** for his/her **health and safety***

Instructions: 1. Complete this form 2. Submit to Coach 3. Submit to athletic department

_____ 1. Parent/Guardian Signature	_____ Date	_____ Cell Phone Number
_____ 2. Coach Signature	_____ Date	
_____ 3. Director of Athletics	_____ Date	

THIS FORM CANNOT BE EMAILED AND MUST BE SUBMITTED TO THE COACH NO LATER THAN 24 HOURS OF THE EVENT- THE ATHLETIC DIRECTOR WILL HAVE FINAL APPROVAL