CHITTENANGO HIGH SCHOOL

Transportation Release

I hereby give my son/daughter ________________________________ permission to:
(Print name)

A member of the __________________________________________ permission to:
(Team Activity)

Please check appropriate spaces:

________ I will transport my student to the away contest on: __________________________
(Date & Site)

________ Leave from athletic practices or contests with another athlete’s parent.
(Approved Parent Name)

________ Leave from athletic practices or contests with family member.
(Approved Family Member)

I understand that the ability of the coaches and other school officials to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students are authorized to use alternative means of transportation. I understand that coaches reserve the right to refuse requests by players to leave their teams if, in the coaches’ opinion, it serves the best interest of the individual or the program.

__________________________________________
Parent Signature

__________________________________________
Date

__________________________________________
Adult Signing Out Athlete

__________________________________________
Date

Needs to be filled out for each individual event.