



**Athletic Trip Release**

**I hereby authorize my son or daughter to be transported from the district athletic trip in the manner described below:**

**Date of Activity:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Alternate Transportation:** \_\_\_\_\_

**Please indicate the name of the individual transporting the student:**

\_\_\_\_\_  
*(The individual may be asked to provide identification such as driver's licenses if the faculty member or coach does not know them.)*

**Time student is to be released:**

**Printed Name:** \_\_\_\_\_

**Signature of Parent or legal guardian:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**This form must be filed in the HS main office 24 hours in advance.  
The student will be released after a signature has been obtained.**

**cc: Administration  
Athletic Director**

