

BISHOP MCGANN-MERCY DIOCESAN HIGH SCHOOL

ATHLETIC DEPARTMENT TRAVEL RELEASE FORM



Today's Date: _____

This is to certify that _____ (Print Students Name)

has my permission to ride **to/from/both** (please circle)

_____ (sport and level) athletic contest on

_____ (date of contest), at _____ (contest location)

I certify that I, _____ (Parent/Legal Guardian), have arranged for transportation of my choosing for this student.

The reason for not riding the bus is:

_____.

I understand that the Bishop McGann-Mercy Department of Athletics requires students to travel to and from all athletic contests, and a departure from this requirement will release Bishop McGann-Mercy Diocesan High School from all liability for any adverse results that may occur.

I agree to release Bishop McGann-Mercy Diocesan High School and its employees and officers from all liability with reference to the above stated transportation.

THIS FORM MUST BE SIGNED AND ON FILE WITH THE DEPARTMENT OF ATHLETICS 24 HOURS PRIOR TO THE DISMISSAL OF THE SCHOOL DAY OF THE CONTEST.

_____ (signature of Parent/Legal Guardian)

APPROVED

NOT APPROVED

_____ (signature of the Director of Athletics)