

PETERS TOWNSHIP HIGH SCHOOL
264 E. MCMURRAY RD./ MCMURRAY, PA 15317
PHONE 724-941-6250 EXT 5233 / FAX 724-941-3915

Athletic Travel Release Form

This is to certify that _____ (student's name) has my permission

NOT to ride the bus home from the _____ (sport) athletic contest

on _____ (date) from _____ location of contest).

I certify that I _____ (name of parent/guardian) am personally transporting the above named student from this event.

I certify that _____ (name of adult other than parent) has my permission to transport the above named student from this event.

The adult responsible for transportation must personally see the advisor or coach in charge when taking a student from an event prior to the event.

I understand that the Peters Township School District's Policy requires a student to ride the bus to and from all athletic events. Any delineation from this requirement policy will release the Peters Township School District from all liability for any adverse results which may occur.

I agree to release the Peters Township School District and its employees and officers from all liability with reference to the above stated transportation.

This form must be signed by the Parent/Guardian, Athletic Director/Principal and Head Coach prior to departure from Peters Township. Form must be turned in at least 1 day prior to the event. The head coach will retain this form.

Signature of Parent /Guardian

Signature of Head Coach

Signature of Athletic Director/Principal