PIQUA ATHLETIC DEPARTMENT PIQUA CITY SCHOOLS

CONTEST TRAVEL RELEASE

This is to request permission for	(Student's Name)
(to - from - both) the	(Sport) athletic
contest on at	(Location of Contest)
I certify that	will transport my
son/daughter, and understand that the coach must personally release him/her to	
at the conclusion of the activity. (Name of Person taking student) The reason for not riding the bus is:	
(Reason must be sufficiently urgent to family needs to justify not riding the bus and requests MUST be kept to a minimum.)	
I understand that Piqua City School's Board of Education Policy requires that students ride the buses to and from all athletic events, and that a departure from the requirement will release the Piqua School District from all liability for any adverse results that may occur.	
I agree to release the Piqua City School District and its employees and officers from all liability with reference to the above-stated transportation.	
THIS FORM MUST BE ON FILE IN THE ATHLETIC DEPARTMENT OFFICE PRIOR TO THE DISMISSAL OF SCHOOL ON THE DAY OF THE CONTEST.	
(Signature of Parent/Guardian	, DATE:
(Signature of Person Responsible for Transportati	on) DATE:
(Athletic Director's Signature	, DATE:

APPROVED

NOT APPROVED