

DEWITT PUBLIC SCHOOLS CONTEST TRAVEL RELEASE

If desired, this can be faxed to (517) 668-3255

STUDENT NAME: _____ SPORT: _____

DATE OF CONTEST: _____

This is to certify that the above-named student has my permission to ride TO FROM BOTH

(Location of Event)

With _____

The reason for not riding the bus is:

(Reason must be sufficiently urgent to family needs)

I certify that I am personally transporting the above-named student. I understand that the DeWitt Public Schools Athletic Rules require that students ride the buses to and from all athletic events, and a departure from this requirement will release the DeWitt Public Schools from all liability for any adverse result that may occur. I agree to release the DeWitt Public Schools and its employees and officers from all liability with reference to the above-stated transportation.

Signature of Parent or Guardian

Signature of School Administrator

DETACH AND GIVE TO ATHLETE TO PRESENT TO COACH

_____ has permission to travel TO FROM BOTH

(Location) _____ on (Date) _____ with _____

Signed by M. Sauced Athletic Director

Signed by: _____ Coach

Signed by: _____ Bus Driver