Athletic Travel Release
Boonsboro High School

Today's Date _____

This is to certify that _____ will be transported by
(Athlete's Name)

_____ to / from the _____contest at
(Adult Driver Name) (Circle one) (Sport)

_____ on _____.
(Location - i.e. School Name) (Date of contest)

Reason for not riding the bus:

_____

I understand that the Washington County Public Schools (WCPS) Athletic Rules require that all student-athletes ride the bus to and from all athletic events, and a departure from this requirement will release Washington County Public Schools from any adverse results that may occur.

I agree to release WCPS and its employees and officers from all liability with reference to the above stated transportation.

THIS FORM MUST BE ON FILE IN THE ATHLETIC OFFICE <u>AT LEAST 48 HOURS</u> PRIOR TO THE DAY OF THE CONTEST.

_____ _____
(Parent / Guardian Signature) **(Parent / Guardian Contact Phone Number)**

_____
(Coach Signature)

_____ **Approved** **Not Approved**
(Principal/Asst. Principal Signature)