



Anna ISD Athletic Department

Travel Release Form for Alternative
Transportation from Team Event

Athlete's Name: _____

Team Activity: _____

Date: _____

My son/daughter will be traveling with me from his/her Team Activity.

I, the undersigned, assume full and complete responsibility for picking up my son/daughter at the site of the Team Activity and the District has no responsibility for any injury or accident that may occur to my son/daughter while traveling from the activities in transportation not provided by the District.

Printed Name of Parent/Guardian

Signature of Parent/Legal Guardian

Parent's Phone Number

Printed Name of Athlete

Signature of Athlete