



West Carrollton Athletics

5833 Student Street • West Carrollton, OH 45449 • 937-859-5121 ext. 8881 • www.westcarrolltonschools.com

WEST CARROLLTON CITY SCHOOLS TRAVEL RELEASE

DATE _____

This is to certify that _____ has my permission to ride (to) (from) (both)

The _____ athletic contest on _____, 20____, at

(sport)

(date)

_____, who is a student athlete at **West Carrollton High or Middle School.**

(location)

(circle your student-athlete's school)

I certify that I (or an immediate family member above the age of 18), _____, am personally transporting the above-named student. The reason for not riding the bus is _____

(reason must be sufficiently urgent for family needs to justify not riding the bus)

I understand that the West Carrollton High School Athletic Rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the West Carrollton School District from all liability for any adverse results that may occur. I agree to release the West Carrollton School District and its employees and officers from all liability with reference to the above-stated transportation.

Signature of Parent or Guardian

**THIS FORM MUST BE ON FILE IN THE ATHLETIC OFFICE PRIOR TO THE DISMISSAL OF SCHOOL
ON THE DAY OF THE CONTEST**

APPROVED/DISAPPROVED - COACH

APPROVED/DISAPPROVED - ATHLETIC DEPARTMENT STAFF