BEAVER AREA ATHLETIC DEPARTMENT

STUDENT TRAVEL RELEASE

Date		
This is to certify that		has permission to
	(Student's Name)	
ride home from the		athletic contest on
	(Sport)	
	, at	
(Date)	(Location	n of Contest)
I certify that I, the parent/le above named student.	gal guardian of the child	d, will be personally transporting the
The reason for not riding th	e bus is:	
I understand that Beaver Are	ea Athletic Rules require re from this requirement	to justify not riding the bus) students to ride the buses to and from all will release the Beaver Area School y occur.
I agree to release the Beaver liability with reference to the		l its employees and officers from all ation.
This form must be signed contest and be given to the	-	<u>NO LESS than the day before the</u> <u>e day of the contest.</u>
Signature of Parent/Legal G	uardian	
		Approved
Phone Number of Parent/Le	egal Guardian	
		Not Approved
Beaver Area Athletics Staff S	Signature	