

DEWITT PUBLIC SCHOOLS CONTEST TRAVEL RELEASE

If desired, can be faxed to (517) 668-3155 – Attn: Sue Dabakey

STUDENT NAME: _____ SPORT: _____

DATE OF CONTEST: _____

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

(Location)

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 results 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: Teri Reardon Athletic Director

Signed by: _____ Coach

Signed by: _____ Bus Driver