

Activity Transportation Release Form

Name of Student: _____

Sport or Activity: _____

Date of Event: _____

I request that my child (named above) not be required to return from the event on the team bus/van.

Person's Name to be Released To: _____

Cell Phone Number of Person Listed Above: _____

The reason(s) for my request is/are:

I agree that if this request is granted, the school, school officials and KSHSAA will have no liability or responsibility for injury or damage that may occur related to the alternate transportation.

_____	____/____/____	_____	____/____/____
Parent Signature	Date	Athletic Director/Principal	Date

Signature of Person Student is Released to
If Other Than the Parent/Guardian

This form should be given to the Athletic Director or Principal NO LATER THAN 1 DAY prior to the event whenever possible.