

MARGARETTA ATHLETIC DEPARTMENT
TRAVEL RELEASE FORM-RELEASED WITH PARENT/GUARDIAN

STUDENT'S NAME: _____

ATHLETIC CONTEST & SITE: _____

DATE OF CONTEST: _____

REASON FOR NOT RIDING SCHOOL PROVIDED TRANSPORTATION:

NAME OF PARENT/GUARDIAN PROVIDING TRANSPORTATION:

***By signing below, I assume all responsibility for the transportation of the above named student-athlete from the above named athletic contest.**

PARENT/GUARDIAN SIGNATURE: _____