

**UNIONTOWN AREA SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS**

ATHLETIC TRANSPORTATION WAIVER

DATE: _____ SPORT: _____

COACH: _____

I, _____, will be taking my son / daughter,
(Parent/guardian – Please print)

_____,
(Student Athlete –Please print)

_____ from
(Student Athlete –Please print)

_____.
(Indicate athletic event)

SIGNATURES:

(Parent / Guardian)

(Phone)

(Coach)

A copy of this waiver request should be given to the coach prior to the event date.