



GLYNN COUNTY SCHOOL SYSTEM ATHLETIC DEPARTMENT
289 Community Action Drive
Brunswick, GA 31520

Contest Travel Release Form

Date _____

This certifies that _____ has my permission to ride from the
(Student Name)

_____ Athletic contest in _____
(Sport)

On _____, 20 _____.

I certify that I am personally transporting the above named student from the contest.

The reason for not riding the bus is _____

(Reason should be efficiently urgent to family needs to justify not riding the bus)

I understand that the Glynn County Athletic Departments rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Glynn County School System and coaches from any adverse results that may occur.

I agree to release the Glynn County School System and its employees and officers from all liability with reference to the above stated transportation.

This form must be on file in the Athletic Office twenty-four hours prior to the dismissal of school on the day of the contest.

(Signature of Parent or Guardian)

(Signature of School Athletic Director)

Approved _____ Not Approved _____