

TRAVEL RELEASE FORM

Date:			
This is to certify that	STUDENT NAME	has my permission to ride fro	om
thesport	athletic contest on _	DATE OF CONTEST	_ at
LOCATON OF CONTEST			_ •

I certify that I am personally transporting the above named student or arranged for transportation with an adult (non-student) of my choosing for this student.

I understand that Cardinal Mooney Catholic High School Athletic rules require the students ride the bus to and from all athletic events and a departure from this requirement will release Cardinal Mooney Catholic High School from all liability for any adverse results that may occur.

I agree to release Cardinal Mooney Catholic High School and its employees and officers from all liability with reference to the above transportation. This form must be on file in the Athletic Office prior to the dismissal of school on the day of the event.

PARENT/GUARDIAN SIGNATURE		DATE	
Approved	Not Approved		
ATHLETIC DIRECTOR SIGNATURE		DATE	