EAST ROCKAWAY ATHLETICS Fax 516-887-4012 Phone 516-887-8300x472

TRAVEL RELEASE FORM

I understand that the East Rockaway High School/Middle School Athletic Rules require that students ride the buses to and from all athletic events and that avoiding this requirement will release the East Rockaway School District from all liability for any adverse results that may occur. Nevertheless, for the reason indicated below, I desire to have my child use alternate transportation as specified below.

I agree to release the East Rockaway School District 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 one day prior to the day of the contest.

This is to certify that (S	Student Name)			
(Sport)	(Level)Varsit	y	Jr. Varsity	Mid	dle School
Has my permission <u>NC</u> AT	OT to ride (to-	from-bo	oth on the bus)	
	LOCATION	OF CO	NTEST		
I certify that I am person transportation with an a not riding the bus is		_			•
Please specify reason f	or NOT riding	the bu	S.		
Telephone Number of	Parent	Signat	ure of Parent/0	Guardian	DATE
		_	ure of Athletic		DATE ED