

St. Clair High School Activities Department

Event Travel Release:

This is to certify that _____ has my permission
(Student's name) (Grade)

To ride (to / from /both) _____ athletic / activity contest
(Circle one) (Activity - Level Participating)

On, _____ at _____
(Date of Contest) (Location of Contest)

I certify that I am personally transporting my son / daughter listed above.

Name _____ Phone _____

I understand that the St. Clair High School Activities rules require that students ride the buses to and from all events and a departure from this requirement will release the St. Clair Public School District from liability for any adverse results that may occur.

I agree to Release the St. Clair School District and its employees from liability with reference to the above stated transportation.

Please submit this form to the coach prior to departure. Thank you.

Signature of Parent/Guardian