

PHOENIXVILLE AREA SCHOOL DISTRICT
ATHLETIC DEPARTMENT
1200 Gay Street ~ Phoenixville, PA 19460
Phone (484) 927-5134 ~~ FAX (610) 933-6407

TRAVEL RELEASE

Date: _____

By this letter, I certify that _____ has my permission to travel to/from the _____ athletic contest on _____ 20 _____, at _____. I certify that I am personally transporting the above-named student or have arranged for transportation of my choosing.

The reason for not riding the school district provided bus is _____
_____.

I understand that Phoenixville Area School District rules require students ride the busses to and from all athletic events and a departure from this requirement will release the Phoenixville Area School district from all liability for any adverse results that may occur.

I agree to release the Phoenixville Area 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 prior to the dismissal of school on the day of the contest.

Parent or Guardian Signature

Principal or Director of Athletics Signature

_____ APPROVED
_____ NOT APPROVED