

Return to athletic director

CANTON CITY SCHOOLS
TRAVEL RELEASE FORM

Name of student: _____

School: _____

Student's address: _____

Phone: _____

THIS IS TO CERTIFY _____ HAS MY PERMISSION TO
(Student's name)

RIDE (TO-FROM-BOTH) THE _____ ATHLETIC
(Circle one) (Sport)

CONTEST ON _____ AT _____
(Date or dates) (Location of contest)

_____ I hereby give my consent for my son/daughter listed above to participate in the travel activity listed.

_____ I do not give my consent for my son/daughter listed above to participate in the travel activity listed.

I agree to release the Canton City 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.

Signature of Parent or Guardian

OFFICE USE ONLY--APPROVED - NOT APPROVED

Signature of Athletic Director