



ATHLETIC DEPARTMENT UNION LOCAL HIGH SCHOOL

66779 Belmont-Morristown Road • Belmont, Ohio 43718
Telephone (740) 782-1181 • Fax (740) 782-1346

ATHLETE/EXTRA CURRICULAR COMPETITION
TRANSPORTATION RELEASE FORM

Date _____

I, _____, request permission to transport
(Parent/guardian's name)

my son/daughter _____ to/from the extra curricular event
(Student's name)

held at _____ when deemed necessary or appropriate
(Location of event)

by the coach/advisor.

Parent/Guardian Signature

Student Signature

*****PARENT/GUARDIAN MUST PRESENT HIMSELF/HERSELF TO THE
COACH/ADVISOR WITH THIS COMPLETED RELEASE FORM.**