CO-CURRICULAR TRAVEL RELEASE FORM Appleton Area School District

This is to certify that(St	udent Name)	has my permission to ride
(to) – (from) – (to & from) the	athletic contest on	
	(Sport)	(Date)
at(Location)		
I certify that I am personally transportation with an adult (non-s		named student, or have arranged for posing for this student.
The reason for not riding the bus is (Reason must be sufficiently urgen		to justify not riding the bus).
	equirement will re	at students ride the buses to and from all athletic elease the Appleton Area School District from al

I agree to release the Appleton 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 the school day on the day of the contest.

Parent/Guardian Signature

Approved _____

Not Approved_____

Athletic/Activities Director Signature

Date