



High Bridge Middle School Athletics



TRAVEL RELEASE FORM TO BE COMPLETED
BY THE PARENT/GUARDIAN

By completing this form, I, as the student's parent or guardian, am certifying that I am personally transporting the student named below, or have arranged transportation with an adult (age 21 +) for this student on the dates listed below. I agree to release the High Bridge School District and its employees and officers from all liability with reference to the below-stated transportation.

Dates of Games/Matches:

This is to certify that _____
(Student's Name)

Will be transported to each game/match listed above by _____

Will be transported from each game/match listed above by _____

Parent/Guardian _____ Phone # _____ or

Other _____ Relationship to Athlete _____

Phone # _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please provide a list of at least 6 parents that in an emergency your child may be released to who will be attending the game/match.

Name	Relationship to Student	Phone Number

NOTARY:

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of _____ in the year _____ by _____.

(Name of document signer)

Notary Public

Typed or Printed Name _____

My Commission Expires _____