Comstock Park Athletic Department Transportation Release Form

Date:			
This is to certify that			has my permission to ride
	(Athlete's Name	e)	
(to – from – both) the	(Sport)		athletic contest on
Circle one	(Sport)		
	at _		
(Date)			(Location)
I certify that I am personally	y transporting the a	above named	athlete or have arranged for
transportation with an adult	(non-student) of n	ny choosing.	The reason for not riding the
bus is			
(the reason mus	st be sufficiently urger	nt to family need	ds to justify not riding the bus)
I understand that the Comst	ock Park High Sch	nool Athletic	rules require that students ride
the buses to and from all ath	iletic events and a	departure fro	om this requirement will
release Comstock Park Scho	ool District from a	ll liability fro	m any adverse results that
may occur.			
I agree to release the Comst	cock Park School D	District and its	s employees from all liability
with reference to the above	stated transportation	on.	
Please complete this form a	nd return to Coach	1.	
	-	(Parent	Signature)
CPHS Athletic Office Fax:	616-254-5385		
Your Fax:			