



Athletic Department
BLOOMSBURG HIGH SCHOOL
1200 Railroad Street
Bloomsburg, PA 17815

CONTEST TRAVEL RELEASE FORM

DATE

THIS IS TO CERTIFY _____ HAS MY PERMISSION TO
Athlete's Name

RIDE FROM THE _____ GAME TO BE HELD ON _____
Sport Date of Game

AT _____ I CERTIFY THAT I AM PERSONALLY
Location of Contest

TRANSPORTING THE ABOVE NAMED ATHLETE. THE REASON FOR NOT RIDING
THE BUS IS _____

I UNDERSTAND THAT THE BLOOMSBURG AREA HIGH SCHOOL ATHLETIC RULES REQUIRE THAT STUDENTS RIDE THE BUSES TO AND FROM ALL ATHLETIC EVENTS AND A DEPARTURE FROM THIS REQUIREMENT WILL RELEASE THE BLOOMSBURG AREA SCHOOL DISTRICT AND ALL ITS DIVISIONS FROM ALL LIABILITY FOR ANY ADVERSE RESULTS THAT MAY OCCUR.

I AGREE TO RELEASE THE BLOOMSBURG 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 HIGH SCHOOL OFFICE PRIOR TO THE DISMISSAL OF SCHOOL ON THE DAY OF THE CONTEST.

/ / I WILL BE PROVIDING TRANSPORTATION FOR MY CHILD AFTER EVERY
AWAY EVENT.

Signature of Parent or Guardian

APPROVED / NOT APPROVED

High School Principal/Athletic Director