## **BEAVER AREA ATHLETIC DEPARTMENT**

## STUDENT TRAVEL RELEASE

Date		
This is to certify that	(Student's Name)	has permission to
	(Student's Name)	
ride home from the		athletic contest on
	(Sport)	
	, at	
(Date)	, at (Location of Co	entest)
I certify that I, the parent/g named student.	guardian of the child, will be pe	ersonally transporting the above
The reason for not riding th	ne bus is:	
(Reason must be sufficientl	ly urgent to family needs to jus	tify not riding the bus)
athletic events and departu	rea Athletic Rules require stude re from this requirement will re y adverse results that may occu	
S	r Area School District and its en e above stated transportation.	nployees and officers from all
	l by the Athletic Office NO LE ne coach of the sport the day	
Signature of Parent/Guardi	ian	
		Approved
Phone Number of Parent/G	luardian	Not Approved
Reaver Area Athletics Staff	Cignaturo	