**Logo

Description automatically generatedBraxton County Athletics**

**Athletic Director**

**Dan Wilson**

Braxton County Schools Student Athletic Travel Release Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that has my permission to ride (TO, FROM, BOTH – circle one) the athletic contest(s) or activity on

, to or (From) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (event location).

(List of all dates alternative transportation will be provided below)

I certify that I am transporting the above-named student or have arranged for transportation with

(An adult and non-student).

The reason for student athlete not riding the bus or with parent or guardian: (Written Explanation)

(Must be a preapproved reason such as an emergency to be transported by a non-parent or guardian.)

Transporting Drivers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the Braxton County Schools Policy requires that the students ride the busses to and from all events or have parents transport students individually to competitions. A departure from this policy requirement will release the Braxton County School District and its employees from all liability with reference to the above stated transportation.

IMPORTANT: This form must be approved and on file in the Athletics Office prior to departure for the contest or event.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Athletic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**:

Approved

Not Approved

Reason: