

PHOENIXVILLE AREA SCHOOL DISTRICT
ATHLETIC DEPARTMENT
1200 GAY STREET – PHOENIXVILLE, PA 19460
PHONE: 484-927-5130 FAX: 484-927-5174

TRAVEL RELEASE

Date: _____

By this letter, I certify that _____ has my permission to
(Student's Name
travel to/from the _____ athletic contest
on _____ 20_____, at _____. I certify that I am personally
transporting the above-named student or have arranged for transportation of my choosing.

The reason for not riding the school district provided bus is _____

_____.

I understand that Phoenixville Area School District rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Phoenixville Area School District from all liability for any adverse results that may occur.

I agree to release the Phoenixville 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 school office prior to the dismissal of school on the day of the contest.

_____ **Approved**

_____ **Not Approved**

(Signature of Parent)

(Signature of Dir. of Athletics/Principal)