

STROUDSBURG HIGH SCHOOL
Department of Athletics & Activities

1100 West Main Street
Stroudsburg PA 18369-397
570-421-1991 Fax 570-424-0789

EMERGENCY TRAVEL RELEASE

(Date)

This is to certify that _____ has my permission to ride (to-from-both)
(Student Name)

The _____ athletic contest on _____
(Sport) (Date)

At _____
(Location of Contest)

I certify that I am personally transporting the above named student, or have arranged for transportation with an adult (nonstudent) of my choosing for this student.

The reason for not riding the bus is: _____
(Reason must be sufficiently urgent to justify not riding the bus)

I understand that the Stroudsburg Area School District Athletic Rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Stroudsburg Area School District from all liability for any adverse results that may occur. I agree to release the Stroudsburg 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 Athletic Office prior to the dismissal of school on the day of the contest.
Approval will **ONLY** be given in the event of an emergency.
Athletes are required to travel to and from events with the team/club

(Signature of Parent or Guardian)

APPROVED - NOT APPROVED

(Signature of Athletic Director)