**Loyalsock Township School District**

**Athletics Transportation Release Form**

**Request to Transport a Household Student-Athlete from an Event**

It is expected that all student-athletes will use the transportation provided by the school district to travel to and from athletic contests. The school district realizes that these are unique times and there are exceptions or extenuating circumstances that may make travel with family or friends more desirable or practical.

For those circumstances involving the transport of your child from an event, please complete below:

As the DRIVING family, I certify the following:

* The adult, parent or guardian, driver has a valid driver’s license. (Driver must be a parent/guardian)
* The automobile is properly registered.
* I maintain required insurance on the automobile.

I/we agree to indemnify and hold harmless the District, its employees, agents, and/or assigns from and against any loss or expense, to include reasonable attorney's fees, caused by and/or arising from transportation provided hereunder.

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| **Name of Student Athlete:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_  Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Student-Athlete’s Parent/Guardian Signatur**e: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact information: (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Please return to the Athletics office PRIOR TO the date of event(s)***

***(may email to head coach and blorson@loyalsocklancers.org)***

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Office Use: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_