## Marcellus Community Schools ♦ Department of Athletics

Don Price, Athletic Director, dprice@marcellusathletics.org ◆ Tina Thornburgh, Admin. Asst., tthornburgh@marcellusathletics.org

## CONTEST TRAVEL RELEASE FORM

Date			
The is to certify that the student athlete listed below has my permission to drive or ride to			
	contest on		at
(Name of sport)	1)	Date)	(Location)
I agree to release the Marcellus reference to the above stated re		ployees and o	officers from all liability with
Parent Signature		Date	
Coaches Signature		Date	
Athletic Director Signature		Dato	

DEDICATION \* DETERMINATION \* DESIRE \* DISCIPLINE