

MANISTEE HIGH SCHOOL
ATHLETE TRAVEL RELEASE FORM

SPORT: _____ COACH: _____

DATES INVOLVED: _____ LOCATION: _____

This is to certify that _____ has my permission to ride from the
(student's name)

_____ athletic event on the above date/s and location.
(sporting event)

I certify that I am personally transporting the above named student-athlete.

Reason/s for not riding the bus is: _____

I understand that the Manistee High School Athletic Rules require that student/s ride the bus/s to and from all athletic events . . . and a departure from this requirement will release the Manistee High School district and its employees and officers from all liability with reference to the above stated transportation.

DATE: _____
Signature of Parent or Guardian

Approved by: Coach _____ Activities Director: **MATT KEIFFER**

Manistee High School
Athletic Department
525 Twelfth Street
231-723-1522
231-398-9277Fax

