

ATHLETIC TRIP RELEASE FORM

RE: PERMISSION TO RIDE IN A PARENTS VEHICLE TO ATHLETIC GAMES

I GIVE PERMISSION FOR MY CHILD _____ TO RIDE IN THE VEHICLE OF A CSLA PARENT VOLUNTEER IN REGULAR TRIPS TO AWAY GAMES DURING THE _____ ATHLETIC YEAR. I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED IN OTHER PARENTS VEHICLES AND THE RISK THIS INVOLVES; AND I WILL NOT HOLD CSLA OR THE PARENT VOLUNTEER(S) RESPONSIBLE FOR ANY POSSIBLE INJURY OR DEATH THAT MAY OCCUR.

STUDENTS NAME (PRINTED)

ATHLETIC TEAM(S)

PARENT NAME (PRINTED)

PARENTS SIGNATURE

DATE

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