

ARLINGTON CENTRAL SCHOOL DISTRICT

Authorization Form for Travel Release

*(*Must be submitted to the coach 24 hours prior to events)*

Sport _____

Season _____

This is to certify that my child _____ has permission to ride home from an away athletic contest with the following authorized individuals. Authorized individuals must still sign the District Travel Release Form prior to transporting the student.

(Name)

(Relationship)

(Name)

(Relationship)

(Name)

(Relationship)

(Name)

(Relationship)

(Signature of Parent /Guardian)

(Date)

*Please make every attempt possible to submit this form prior to the start of the season. Thank you.