



ARLINGTON CENTRAL SCHOOL DISTRICT

MICHAEL G. CRING, DIRECTOR

DEPARTMENT OF INTERSCHOLASTIC ATHLETICS/PHYSICAL EDUCATION & HEALTH

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TRAVEL RELEASE FOR ATHLETICS

Secretary:
Maureen Mongelli

Baseball

Sport _____

Basketball

Bowling

This is to certify that _____ has my
permission to ride _____
(Student's Name)

Cheerleading

(to/from) the athletic contest on _____ 20_____, at
(Date)

**Crew
(Club)**

Cross Country

(Location of Contest)

Fencing

Field Hockey

I certify that I am personally transporting the above name student. I understand that the Arlington Central School Athletic Rules require that the student athlete ride the bus to and from all athletic events and a departure of this requirement will release the Arlington School District from all liability for any adverse results that may occur. I agree to release the Arlington School District and its employees and officers from all liability with reference to the above stated transportation.

Football

Golf

Intramurals

Lacrosse

Soccer

Softball

(Signature of Parent/Guardian or Authorized Individual)

**Student Athletic
Council**

Swimming

(Signature of Coach)

Tennis

Track & Field

Volleyball

(Signature of Athletic Director – required for transportation to an event only)

Wrestling



HOME OF THE ADMIRALS