

HORACE GREELEY HIGH SCHOOL
Department of Interscholastic Athletics
SEASONAL TRANSPORTATION RELEASE

Today's Date _____

Coach _____

This is to certify that _____ has my permission to use alternate transportation
(Student Name)
from the _____ athletic contest.
(Sport)

I certify that;
(check that applies)

1. _____ I am personally transporting the above named student.

Seasonal Request Only

2. _____ Ride from athletic practices or contests in a car pool with designated parents.

List of Parents

TIME PERIOD OF REQUEST FROM: _____ TO _____

DAYS OF THE WEEK: (please check) M___ T___ W___ Th___ F___ S___

The reason for not riding the school district provided transportation is _____

(The reason given must be sufficiently urgent to justify not using the provided transportation.)

I understand that Guidelines of the Chappaqua Central School District and Horace Greeley High School require that students ride the provided transportation to and from all athletic contests and practices not scheduled at Horace Greeley. A departure from this requirement will release the Chappaqua Central School District and its employees from any and all liability for any adverse results that may occur.

This form must be completed and returned to the Athletic Office by **12:00 pm** for review on the day the student will not use the provided transportation. ***Phone call approval will not be granted.***

(Parent/Guardian Signature)

(Athletic Director Signature)

APPROVED _____ DATE _____ NOT APPROVED _____