

OCTORARA HIGH SCHOOL ATHLETIC DEPARTMENT

REQUEST FOR ALTERNATE TRANSPORTATION

(All requests must be received in advance and must be signed by either the Principal, Assistant Principal or Athletic Director)

Athletes Name: _____ Date request received: _____

This is to request that _____ be permitted to ride from the
(Name of Student)

_____ At _____ on _____
(Name of Event) (Location) (Date)

He/She will be transported by _____
(Name of Parent/Guardian Providing Transportation)

I understand it is the athletic department's policy to have students ride to and from away contests on the team bus. I further understand that by allowing this student to be transported by another adult, I am assuming responsibility for their safety and absolve the Octorara Area School District of any damages to the vehicle or injuries that may occur as the result of an accident.

I understand I must wait until the coach has completed all post game details with the team i.e., equipment clean up, team meetings etc. before my child will be permitted to leave.

(Parent/Guardian Signature)

(Date)

(School Officials Signature/Title)

(Date)