



SYRACUSE ACADEMY

HS MS ES

UTICA ACADEMY

HS MS ES

CITIZENSHIP

DISTRICT OFFICE

ATHLETIC DEPARTMENT TRAVEL RELEASE FORM

Date: _____

This is to certify that _____ has my permission to ride **from**
(Athlete's Name)

the _____ athletic contest on _____ at _____
(Sport) Date (MM/DD/YYYY) (Location)

I certify that I am the parent/legal guardian of the above student. The reason the athlete is not riding the bus is:

I understand that the Science Academies of New York athletic rules require that students ride the bus to and from all athletic events and departure from this requirement, as well as this request, will release the Science Academies of New York from all liability for any adverse results that may occur.

I agree to release the Science Academies of New York and its employees and officials from all liability with reference to the above stated transportation.

Parent/Guardian Signature: _____ Date: _____

Coach Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	AD Signature