



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

EVENT TRAVEL RELEASE

(Date)

This is to certify that _____ has my permission to ride from
(Student's Name)
the _____ athletic/activity event on _____, 20____,
(Sport) (Month) (Date) (Year)
at _____.
(Location of Event)

I certify that I am personally transporting the above-named student and the reason for not riding Notre Dame Transportation:

(Reason must be sufficiently urgent to family needs to justify personal transportation.)

I understand that the Notre Dame High School Athletic Rules require students to ride school transportation to and from all athletic/activity events and departure from this requirement will release Notre Dame High School from all liability for any adverse results that may occur.

I agree to release Notre Dame High School and its employees from all liability with reference to the above-stated transportation.

This form must be on file in the Athletic/Activities Office prior to the dismissal of school on the day before the event.

Signature of Parent or Guardian

Approved --- Not Approved

Signature of Athletic Administrator