

Pickerington Schools

Athletic Office Travel Release

This certifies that student athlete,	, has my permission to
ride to from to and from the athletic event of this spor	t,, on the date of
and being held at this location	
I certify I am personally transporting the above named student at	thlete or have arranged for this student athlete's
transportation with a non-student adult of my choosing. My student a	thlete will not be riding the bus due to the following
urgent family need	
I understand the Pickerington Schools Athletic Office has offered my student athlete would prefer to drive themselves.	ed my student athlete transportation to practice but
I understand that Pickerington Schools Athletic Office rules re to and from all athletic events and a departure from this pro liability for any adverse result that may occur.	
I agree to release Pickerington Schools and its employees and stated transportation.	officers from all liability with reference to the above
This form must be on file in the Athletic Office prior to the dismissal of s	school on the day of the referenced athletic event.
Certification	
Parent/guardian signature:	Date:
Athletic director/coach signature:	
Approved: Not approved: _	

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