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HIGHLAND PARK SCHOOL DISTRICT TRAVEL RELEASE FORM

I certify that I am the parent/legal guardian of In the event that my son/daughter needs to be than by school transportation, I understand that	transported to or the transported to or the transported to or the transport of the transpor	from an athletic c PERSON allowed	ontest other
them. The coach will be notified before the ath	lletic contest if this	need arises.	
SIGNATURE	DATES		
TEAM NAME:			
I understand that the Highland Park School Di to and from all athletic events and a departure Park School District from all liability for any ad the Highland Park School District and its empl to the above stated transportation.	from this requirent verse results that r	nent will release the may occur. I agree	he Highland e to release
SIGNATURE OF PARENT/GUARDIAN & RELATIONSHIP TO STUDENT	DATE		
SIGNATURE OF ATHLETIC PROGRAMS &	 DATE		

SPORTS MEDICINE ADMINISTRATOR