

Wall Township High School

Athletic Department
18th Avenue and New Bedford Road
Wall Township, NJ 07719
Phone: 732-556-2064 Fax: 732-556-2105

Activity Travel Release Form-#1

Date: _____ Sport: _____

This is to certify that I am personally transporting my son/daughter

Student's Name

*To an athletic event on: _____

Located at: _____

The reason for not riding the bus is: _____

I understand that the Wall Township Athletic Rules require that students ride the busses to and from all athletic events and a departure from this requirement will release the Wall Township School District from all liability for any adverse results that may occur.

I agree to release the Wall Township School District and its employees and officers from all liability with reference to the above-stated transportation.

This form must be given to the Coach/Athletic Office prior to the dismissal of school on the day of the contest

*Any parent wishing to pick up their child from an "away" event may sign their child out using Activity Travel Release Form #2--See the coach just before the team departs on the bus after the game to sign this form.

Parent/Guardian Signature

Coach's Signature

Athletic Director's Signature