NORTHAMPTON HIGH SCHOOL

Athletic Department

Matthew Frailey
Athletic Director
1619 Laubach Avenue
Northampton, PA 18067
610--262--7816

ATHLETIC EVENT TRAVEL RELEASE

Date _____

Name of Student _____

Name of Parent/Guardian Driving _____

Name of Sport _____

Name of Coach _____

Name of Location_____

I certify that I am personally transporting the above-named student and the reason for not riding District transportation is:

_____

_____

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

I understand that the Northampton Area School District Athletic Rules require students to ride District Transportation to and from all athletic/activity events and departure from this requirement will release the Northampton Area School District from all liability for any adverse results that may occur.

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

_____ _____

Signature of Parent or Guardian **Signature of Coach**

_____ _____

Date **Date**