

**MADISON PUBLIC SCHOOLS  
DEPARTMENT OF ATHLETICS  
286 GREEN HILL ROAD  
MADISON, CT 06443**



***TRAVEL RELEASE FORM***

*(Return to Athletics' Office at least one school day before the event please)*

- Student-Athlete Name: \_\_\_\_\_
- School: W. C. Polson Middle School: \_\_\_\_\_  
Daniel Hand High School: \_\_\_\_\_
- Sport: \_\_\_\_\_ Level: MS F JV V
- Coach's Name: \_\_\_\_\_
- Contest/Opponent & Date: \_\_\_\_\_
- \*Authorized Driver: \_\_\_\_\_
- Request travel release to the contest: Yes \_\_\_\_\_ No \_\_\_\_\_
- Request travel release from the contest: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

\* Please note that student-athletes will be released to their parent/guardian ONLY.  
Student-athletes will **NOT** be released to another student's parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_

- Student-athletes, regardless of age, will not be allowed to drive to or from contests. Please identify on this form the parent delivering or picking up your child.
- Student-athletes must attend school that day in order to be eligible to participate in a sporting event that afternoon or evening.

----- For Office Use Only  
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Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Athletics Director's signature:  
CC: Coach \_\_\_\_\_ (Or Designee)  
Parent/Student-athlete