

**GLEN COVE SCHOOLS DEPARTMENT OF
HEALTH, PHYSICAL EDUCATION & ATHLETICS**

TO WHOM IT MAY CONCERN:

I GIVE MY SON/DAUGHTER _____

PERMISSION TO BE RELEASED FROM THE GLEN COVE SCHOOL

DISTRICT'S CUSTODY ON _____ (DATE) WHEN

HE/SHE:

_____ Travels from contest with parent

_____ Travels to contest with parent

_____ Other

I understand that my child is no longer in the Glen Cove School District's care and custody when he/she is released and the district is not responsible for any injuries or damages that may occur.

Parent's signature _____

*****PLEASE RETURN TO YOUR CHILD'S COACH*****