

Beth Graham, Principal  
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# Biglerville High School

## Department of Athletics

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161 N. Main St., Biglerville, PA 17307

### UPPER ADAMS SCHOOL DISTRICT

#### Athletic Transportation Waiver

#### INSTRUCTIONS:

This form must be completed by a parent or guardian of the athlete and submitted to the school office, along with a copy to the team coach, **no less than 24 hours prior** to the school event. This is very important so no player is left behind and the team coach knows who will/will not be riding the team bus back to the high school.

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I, the parent/legal guardian of \_\_\_\_\_,  
am requesting permission for my son/daughter to ride home with me and not ride the Team bus  
home from the athletic event at:

\_\_\_\_\_ School

Scheduled on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Date

**Approved:** \_\_\_\_\_  
*Signature of School Administrator*

\_\_\_\_\_  
*Date*