



Sleepy Hollow Athletics
SEASONAL TRANSPORTATION RELEASE

Today's Date _____

Coach _____

This is to certify that _____ (Student Name) has my permission to use alternate transportation to/from athletic games/practices.

I certify that: (check what applies)

1. ___ I am personally transporting the above named student.

2. ___ Student may ride from athletic practices/games in a car pool with designated parents. List of Parents (With last name):

Time period of request from: _____ to _____
(Month/Day/Year) (Month/Day/Year)

The reason for not riding the school district provided transportation is:

I understand that Guidelines of The Public Schools of The Tarrytowns Athletic Department require that students ride the provided transportation to and from all athletic games/practices **when transportation is provided**. A departure from this requirement will release the Public Schools of The Tarrytowns and its employees from any and all liability for any adverse results that may occur. This form must be completed and returned to the High School Athletic Office prior to the start of the season or prior to the date of the contest/practice in which the student athlete will be utilizing an alternate means of transportation.. **Phone call or email approval will not be granted.**

(Parent/GuardianSignature) (Date)

(Athletic Director Signature) (Date)