

Alfred Hammell PO Box AA

Director 70 Church Street

Millbrook, NY 12545

845.677.2510 x2123

alfred.hammell@millbrookcsd.org

TRAVEL RELEASE FOR ATHLETICS

Sport			
This is to certify that			has
	(Student's Na	ame)	
my permission to ride	home with a parent/guardia	an from any athletic awa	y contest for
Sport			
Season			
Millbrook Central Scho and from all athletic e Central School District the Millbrook Central	onally transporting the above on District Athletic Rules requents and a departure of this from all liability for any adversional District and its emplose stated transportation.	quire that the student at s requirement will releas erse results that may oc	hlete ride the bus to se the Millbrook cur. I agree to release
(Signature of Parent/G	Guardian or Authorized Indivi	– idual)	
(Signature of Coach)		_	

MILLBROOK CENTRAL SCHOOL DISTRICT

Authorization Form for Travel Re	elease	
*(Must be submitted to the coac	ch 24 hours prior to any event that	t this will occur)
Sport		
Season		
from an away athletic contest wi	ith the following authorized indivi-	duals. Authorized individuals
		(Name) (Relationship
	(Signature of Parent/Guardiar	n)
		e every attempt possible to
submit this form prior to the star	rt of the season. Thank you	