## **Albert Lea High School Activities Office**

2000 Tiger Lane Albert Lea, MN 56007 507-379-4833 Holly.Dahl@alschools.org



☐ Not Approved

## **Contest Travel Release**

Please complete and turn into ALHS Activities Office three (3) business days prior to the event. A parent or legal guardian must sign and approve the arrangements with the ALHS Activities Office. Activities Director approval is also required. Once transportation has been approved, school buses will be ordered based on roster needs. We ask that forms only be completed when families are certain the arrangement will be followed through with - cancellation to plans may cause disruption in your students' ability to participate on the given date.

I. Student Info			
Name:	Grade:		
Date of Event:	Location of Event:		
Activity/Sport:	Check one or both: ☐ To the event ☐ From the event		
Reason for alternate transportation:			
II. Adult Info (the adult that is personally t	-		
Adult Name:			
Adult Email:	Adult Phone Number:		
III. Student Parent Info (if different from se	ection II)		
Parent Name:			
Parent Email:	Parent Phone Number:	Parent Phone Number:	
IV. Approval			
Parents, please initial by each statement belo	ow.		
I/We certify that the above information i bus to and from all school events, and a depart for any adverse results that may occur.			
I/We agree to release Albert Lea Public above-stated transportation.	School District and its employees and officer	rs from liability with reference to the	
Parent Signature:	Date:	Office Use Only:	
-	Deter	☐ Approved	
Signature of AD:	Date:	□ Not Approved	