

SELAH SCHOOL DISTRICT

CONTEST TRAVEL REQUEST

(Date)

This is to certify that _____ has my permission to ride (to – from – both) the
(Student's Name) (Circle One)

(Sport) athletic contest on _____, 20 ____ at _____.
(Date) (Location of Contest)

I certify that I am personally transporting the above-named student, or have arranged for transportation with _____, an adult (non-student) of my choosing for this student.
(Adult's Name)

I understand that the Selah School District Athletic Rules require students to ride the buses to and from all athletic events and departure from this requirement will release the Selah School District from all liability for any adverse results that may occur.

I agree to release the Selah School District and its employees and officers from all liability with reference to the above-stated transportation.

This form must be on file in the Athletic Office prior to the dismissal of school on the day of the contest.

Signature of Parent or Guardian

Approved – Not Approved

Signature of Athletic Administrator