



Grand Island Central School District Athletics

1100 Ransom Road
Grand Island, New York 14072
Fax (716) 773-3399
www.grandislandschools.org

Jon Roth
Athletic Director
(716) 773-8812
Toniann Myers
Athletic Secretary
(716) 773-8813

ATHLETIC FIELD TRIP/PARENT PERMISSION FORM

Student Athlete: _____

Coach: _____

Destination: _____

Purpose: _____

Date: _____ Cost: _____

Departure/Meet Location: _____

Meet Time: _____ Departure Time: _____

Return Time: _____

Location Returning (Pickup Site): _____

Comments:

*Parents are responsible for transporting their own child to/from athletic event.
Transportation is not provided to student-athletes outside of district perimeter.*

.....
_____ will provide their own transportation, with my
(student name, please print)

permission to _____ field trip on _____,

Leaving at _____ from _____ and

Returning _____

DATE: _____

(Parent Signature)

(Coach will file this slip with Athletics Office one day before the trip)