

ALTERNATIVE STUDENT/ATHLETE TRAVEL FOR ATHLETIC EVENTS

TODAY'S DATE	DATE OF EVENT
nis/her parent/guardian,	, requests permission to travel from today's athletic event with I agree not to make a claim against any FISD insurances and cers, agents, and employees against all claims and lawsuits for damages or injuries Iternative form of travel.
PRINT: Parent/Guardian	SIGNATURE: Parent/Guardian
PRINT: Coach	SIGNATURE: Coach
Mr. Blair	
PRINT: Athletic Director	SIGNATURE: Athletic Direct
ALTERNATIVE STUDENT/ATHL	od for one game/1form per sport, per athlete per gameETE TRAVEL FOR ATHLETIC EVENTSDATE OF EVENT
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SIGNATURE: Parent/Guardian

PRINT: Coach

SIGNATURE: Coach

Mr. Blair

PRINT: Athletic Director

SIGNATURE: Athletic Director

Fabens ISD Athletic Department: Good for one game/1form per sport, per athlete per gam
