



**SLEEPY HOLLOW ATHLETICS
SEASONAL TRANSPORTATION RELEASE**

Today's Date _____

Coach _____

This is to certify that _____ (student name) has my permission to use alternate transportation to/from athletic games/practices.

I certify that: (check which applies)

1. I am personally transporting the above named student
2. Student may walk home from practice/game
3. Student may ride from athletic practice/game with designated parents/adults. List of authorized parents/adults:

_____	_____
_____	_____
_____	_____

Time period of request from _____ to _____

The reason for not riding the school district provided transportation is:

I understand that Guidelines of The Public Schools of The Tarrytowns Athletic Department require that students ride the provided transportation to and from all athletic games/practices when transportation is provided. A departure from this requirement will release the Public Schools of The Tarrytowns and its employees from any and all liability for any adverse results that may occur. This form must be completed and returned to the High School Athletic Office prior to the start of the season or prior to the date of the contest/practice in which the student athlete will be utilizing an alternate means of transportation. Phone **call** or email **approval** will **not** be granted.

Parent/Guardian Signature

Date

Athletic Director Signature

Date