RED OAK HIGH SCHOOL



Red OAK ISD ATHLETIC TRAVEL RELEASE FORM

My son/daughter		, needs to
	(Students Name)	
return from/travel to _		, with
•	(Destination of Trip)	
	by	r, bus, etc,)
(parents name)	(car	r, bus, etc,)
(departure time)	- -	
The reason for this alternative	method of travel is	
The reason for this afternative	ineulou of traverts.	,
_		-
hearby release the Red Oak I	SD and the sponsorir	ng staff member (s),
	, from a	all liability in
(name of sponsor/coach/etc.)		in natincy m
Connection with the alternativ	ve method of travel fo	or this echool trin
omeonon with the atternative	e memod of traverit	or and sendor arp.
Parent/Guardian Signature	Phone Number	Date