



SEAFORD UNION FREE SCHOOL DISTRICT

Kevin Witt, Director of Physical Education,
Health and Athletics

TRAVEL RELEASE FORM

I understand that Seaford Union Free School District requires students who are provided transportation by the School District to an athletic event to return via School District transportation, except in limited situations when alternative transportation is authorized. I further understand that by completing this form and transporting my child from an athletic event, I release the Seaford Union Free School District from liability for any adverse results that may occur as a result of that transportation.

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

This is to certify that (Student Name) _____ Grade: _____

(Sport) _____ (Level) Varsity _____ Jr. Varsity _____ Middle School _____

Has my permission NOT to ride the bus back from the athletic event.

_____ AT _____
DATE LOCATION OF CONTEST

Person Transporting Student from Athletic Event: _____

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.

Telephone Number of Parent

Signature of Parent or Guardian

DATE

Signature of Coach

DATE

For Athletic Department use.

1575 Seamans Neck Road Seaford, New York 11783
(516) 592-4375