

TRAVEL RELEASE FORM

Aquinas Catholic Schools

Student Name _____ Parents/Legal Guardians _____

As parents/legal guardians of this student-athlete of a middle school or high school of the Diocese of La Crosse, I certify that the student has my permission

NOT TO RIDE SCHOOL TRANSPORTATION ...

Check One:

TO

FROM

BOTH WAYS

the _____ contest

or practice _____ at _____
Date School, City, or Other Place

I certify that I am personally transporting the above-named student or have arranged for transportation with another licensed and insured adult (non-student).

I agree to release the Aquinas Catholic Schools and the Diocese of La Crosse and their employees and officers from all liability with reference to the above stated transportation request.

Date _____ Parents/Legal Guardians Signatures _____

Advisor/Coach Signature _____

****Note: This form must be on file at the School in advance of the event or provided to the head coach at the event by the parent/legal guardian of the student-athlete(s) to whom the form applies.**