MANISTEE HIGH SCHOOL ATHLETE TRAVEL RELEASE FORM

SPORT:	COACH:
DATES INVOLVED:	LOCATION:
This is to certify that(stude	has my permission to ride from the ent's name)
athle (sporting event)	tic event on the above date/s and location.
I certify that I am personally transp	orting the above named student-athlete.
Reason/s for not riding the bus is:	
and from all athletic events and	a School Athletic Rules require that student/s ride the bus/s to d a departure from this requirement will release the Manistee ees and officers from all liability with reference to the above
DATE:	
	Signature of Parent or Guardian
Approved by: Coach	Activities Director KEVIN SCHMUTZI FR

Manistee High School

Athletic Department

525 Twelfth Street

231-723-1522

231-398-9277Fax

