



Middle Township High School
300 East Atlantic Avenue
Cape May Court House, New Jersey 08210-2499
Telephone (609) 465-1852 ext. 5000
Fax (609) 465-9430

TRAVEL RELEASE FORM

This is to certify that _____ has my permission to ride
(Student's Name)

from the _____ athletic contest on _____
(List Sport and Coach) (Date)

at _____.
(Location)

I certify that I am personally transporting the above named student. The reason for not riding the bus is _____.

I understand that the Middle Township High School Athletics Rules require that students ride the buses to and from all athletic events. A departure from this requirement will release the Middle Township School District from all liability for any adverse results that may occur.

I agree to release the Middle Township School District and its employees and officers from any liability with reference to the above stated transportation.

This form must be on file 24 hours prior to the event to the Head Coach. Failure to do so will result in the student(s) riding the bus.

Signature of Parent/Guardian

Date Completed