ROCKVILLE

High School Schools

**Christine Fortier**

*Administrative Assistant*

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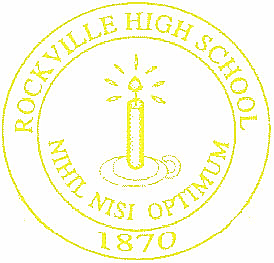
**Jeff Farrell**

*Athletic Director*

(860) 870-6050 ext. 4023

Jeffrey.Farrell@vernonct.org

athletic department



# TRAVEL RELEASE FORM

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be transported

(student’s name)

by me to/from/both the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ contest on

(circle one) (sport)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(date) (location)

The reason for not traveling with the team is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that Rockville High School athletic policy requires all athletes to ride the designated

school transportation to and from all athletic events not held on the school’s designated home facility

and that a departure from this policy releases the Vernon Public Schools from any liability for any

adverse results that may occur.

I agree to release the Vernon Public Schools and its employees and officers from all liability with

reference to the above stated transportation request.

**This form must be on file in the athletic office prior to dismissal of school on the day of the contest.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Signature)

APPROVED – NOT APROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Athletic Director/Administrative Assistant’s Signature)