



PUTNAM VALLEY ATHLETIC DEPARTMENT

SEASONAL TRANSPORTATION RELEASE FORM

DATE _____ COACH _____

This is to certify that _____ has my permission to use alternate
(Student Name)

transportation from the _____ athletic contest / practice.
(Sport)

_____ I certify that I am personally transporting the above named student.
(initial here)

TIME PERIOD OF REQUEST FROM: _____ TO _____.

DAY OF THE WEEK: (please check) M _____ T _____ W _____ Th _____ F _____ Sa _____ Su _____

The reason for not riding the school district provided transportation is:

_____ (The reason given must be sufficiently urgent to justify not using the provided school district transportation.)

I understand that guidelines of the Putnam Valley Central School District require that students ride the provided transportation to and from all athletic contests and practices not scheduled at Putnam Valley High School and Middle School. A departure from this requirement will release the Putnam Valley Central School District and its employees from any and all liability for any adverse results that may occur.

This form must be completed and returned to the Athletic Office by **12:00 pm** for review on the day the student will not use the provided school district transportation. **Phone call approval will not be granted.**

A student is not permitted to drive to or from an athletic contest or practice or be transported by any individual except parent or legal guardian.

(Parent / Guardian Signature)

(Athletic Coordinator Signature)

APPROVED _____ DATE _____

NOT APPROVED _____