



BISD ATHLETE TRAVEL RELEASE – AWAY EVENTS

I, _____, am requesting the release of _____ for
(Parent/Guardian Name) (Athlete's Name)
the purposes of being transported to/from the athletic event with me. I release BISD, coaches and staff of
any liability for allowing _____ to be transported by me instead of riding
(Athlete's Name)
on the team bus.

I understand that the Head Coach will make the final decision on this release and that some sports require their athletes to ride to and from the event with their teammates. I also understand that I must have this form in the Head Coach possession at least 24 hours prior to scheduled bus departure. Failure to follow directions will result in denial of this release. I understand the value of the team being together, but in this case, it is important for my son/daughter to travel home with me.

Reason for Request: _____

Athlete's Name

Head Coach Name

Campus

Head Coach Signature

Sport and Classification

Date & Time of Trip Departure

Event Date & Location

Date & Time Form Received

Parent/Guardian Signature

Approved **Denied**
(If denied, parents must be contacted)
(This form must be on file for 1 calendar year)

Parent/Guardian Contact Number