

**PHOENIXVILLE AREA SCHOOL DISTRICT**  
**ATHLETIC DEPARTMENT**  
**1200 GAY STREET – PHOENIXVILLE, PA 19460**  
**PHONE: 484-927-5130 FAX: 484-927-5174**

**TRAVEL RELEASE**

Date: \_\_\_\_\_

By this letter, I certify that \_\_\_\_\_ has my permission to  
(Student's Name  
travel to/from the \_\_\_\_\_ athletic contest  
on \_\_\_\_\_ 20\_\_\_\_\_, at \_\_\_\_\_. I certify that I am personally  
transporting the above-named student or have arranged for transportation of my choosing.

The reason for not riding the school district provided bus is \_\_\_\_\_  
\_\_\_\_\_.

I understand that Phoenixville Area School District rules require that students ride the buses to  
and from all athletic events and a departure from this requirement will release the Phoenixville Area  
School District from all liability for any adverse results that may occur.

I agree to release the Phoenixville Area School District and its employees and officers from all  
liability with reference to the above-stated transportation.

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

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

\_\_\_\_\_  
**(Signature of Parent)**

\_\_\_\_\_  
**(Signature of Dir. of Athletics/Principal)**

