TRAVEL RELEASE FORM

McDonell Area Catholic Schools

Student Name	Parents/Legal Guardians				
As parents/legal guardians o	f this student-athl	ete of a middle scl	nool or	high school of the Diocese	of La Crosse, I
certify that the student has my permi	ssion				
NOT TO RIDE SCHOOL TRANSPO	<u> PRTATION</u>	Check One:		TO	
				FROM	
				BOTH WAYS	
the					contest
Date	atschool, City, or Other Place				
I certify that I am personally	transporting the a	bove-named stude	ent or h	ave arranged for transportat	ion with another
licensed and insured adult (non-stud	ent).				
I agree to release the McDo	nell Area Catholic	Schools and the D	Diocese	of La Crosse and their emp	loyees and
officers from all liability with reference	e to the above sta	ted transportation	reques	t.	
Date	Parents/Legal Guardians Signatures				
	Advisor/Coach Signature				

**Note: This form must be on file at the School in advance of the event <u>or</u> provided to the head coach at the event by the parent/legal guardian of the student-athlete(s) to whom the form applies.