

Port lervis CITY SCHOOL DISTRICT

PICK-UP PERMISSION FROM OFF-SITE FIELD TRIP, GAME OR PRACTICE

Name of Student: _______ Trip or Team:

Location of Event: _____ Date of Event: ____

Check here if using this one form for the entire Season**.

**BY CHECKING THIS BOX, YOU ACKNOWLEDGE THAT THE PERSON LISTED ON THE BOTTOM OF THIS FORM IS THE SAME FOR EACH OFF-SITE TRIP/GAME/PRACTICE FOR THE ENTIRE SEASON.

I understand that Port Jervis City School District will be providing transportation for this trip and the rules require that students ride buses to and from all field trips, athletic events and off-site practices.

By signing and submitting this form, I hereby release Port Jervis City School District from any and all liability for any adverse results that may occur as a result of my student taking an alternate form of transportation.

**Please note: Unless you are making the same arrangements for EVERY off-site trip/game/practice, you must complete and submit one form for EACH date that your student takes alternate transportation.

This form must be submitted to the Principal or Athletic Director no later than the day preceding the event. An approved copy will be given to the Teacher/Coach prior to the trip's departure.

If you have an extenuating circumstance, please contact the Principal or Athletic Director.

I agree to release the Port Jervis City School District and its employees and officers from any and all liability with reference to the above-stated transportation.

My son/daughter will be transported home by: _	(Name of Person Transporting Student)	n(Date/year)
Parent/Guardian Name (Print)	Parent/Guardian Signature	
***************************************	***************************************	******
Signature of Principal or Athletic Director	Date	.* ^{**} '
Copy to Teacher/Coach on	-	