

PLAINVIEW-OLD BETHPAGE ATHLETICS  
117 CENTRAL PARK ROAD  
PLAINVIEW, NY 11803  
Phone 516-434-3100  
Fax 516-349-4792

**ATHLETIC TRAVEL RELEASE FORM**

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

This is to certify that (STUDENT'S NAME): \_\_\_\_\_ has my permission to NOT ride the bus /to/from/both the (SPORT) \_\_\_\_\_ athletic contest on (DATE) \_\_\_\_\_ at: (GAME LOCATION) \_\_\_\_\_.

I certify that I am personally transporting the above-named student, or have arranged for transportation with an adult (NON-STUDENT) of my choosing.

If another adult is providing transportation please provide name and copy of drivers license: \_\_\_\_\_

The reason for not riding the school bus on this date is \_\_\_\_\_

I understand that the Plainview-Old Bethpage High School Athletic rules require that students ride the bus to and from all athletic events. Therefore, a departure from this requirement will release the district from all liability for any adverse results that may occur.

I agree to release the district and its employees from all liability with reference to the above-stated transportation.

**THIS FORM MUST BE ON FILE IN THE ATHLETIC OFFICE PRIOR TO THE DISMISSAL OF SCHOOL ON THE DAY OF THE CONTEST.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

*Joseph Braico*

APPROVED, Joseph Braico,  
Athletic Director