

**PLAINVIEW-OLD BETHPAGE ATHLETICS**  
**STRATFORD ROAD ELEMENTARY ADMINISTRATIVE ANNEX**  
**33 BEDFORD ROAD PLAINVIEW, NY 11803**  
**Phone 516-434-3100**  
**ATHLETIC TRAVEL RELEASE FORM**

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

This is to certify that (STUDENT'S NAME): \_\_\_\_\_

has my permission to NOT ride the bus (circle one):      TO      FROM      BOTH

The SPORT and LEVEL \_\_\_\_\_ 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 driver's license.

NAME: \_\_\_\_\_

The reason for not riding the school bus on this date

is \_\_\_\_\_.

I understand that the Plainview-Old Bethpage Athletic Department 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 WITH A COPY OF THE DRIVERS LICENSE.***

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

Thank You,

Joseph Braico, Athletic Director