



EASTERN YORK SENIOR HIGH SCHOOL

"Golden Knight's"

COOL CREEK ROAD, P.O BOX 2002
WRIGHTSVILLE, PENNSYLVANIA 17368-0200
TELEPHONE (717) 252-1551 • FAX (717) 252-0149



ATHLETIC DEPARTMENT

Co-Curricular Activity Program TRAVEL RELEASE FORM

Student Name: _____ Grade: _____ Sport : _____

Game/Event: _____ Date of Game/Event: _____

Reason for Request: _____

Please check one:

Student will ride the bus to the game/event listed above but will not return on the bus from the game/event.

Student will not ride the bus to the game/event listed above but will ride the bus from the game/event.

Student will not be riding the bus to or from the game/event listed above.

Driver's Name (Print): _____

Driver's Signature: _____ Date: _____

I hereby give permission for my son/daughter to be transported by private vehicle to/from the activity listed above. I understand that the Eastern York School District Co-Curricular Activity Program requires that students ride the buses to and from all co-curricular activities and that a deviation from this requirement will release the Eastern York School District from all liability for any adverse results that may occur. By signing below, I agree to release the Eastern York School District and its employees and officers from all liability with reference to the above stated transportation.

Parent/Guardian Signature: _____ Print Name: _____

Date: _____

Received by _____ Date: _____ Approved Not Approved