

WISCONSIN HEIGHTS MIDDLE-HIGH SCHOOL

Contest Travel Consent Form

(Form must be completed and turned in to the office 1 day before the event.)

Date: _____

This is to certify that _____ has my permission
(Student Name)
to ride home from the _____ athletic
(Sport)
contest on _____ at _____.
(Date) (Location of event)

I certify that I am personally transporting the above-named student. The
reason for not riding the bus is _____

(Reason must be sufficiently urgent to family needs to justify not riding the
bus.)

I understand that the Wisconsin Heights High School requires that students
ride the buses to and from all athletic events and a departure from this
requirement will release the Wisconsin Heights School District from all
liability for any adverse results that may occur.

I agree to release the Wisconsin Heights School District and its employees
and officers from all liability with reference to the above stated
transportation.

Date: _____

Parent Signature: _____

Date: _____

Coach Signature: _____

Date: _____

Athletic Director Signature: _____