

# ***Kiski Area School District***

## **Athletic Event Release for Transportation**

200 Poplar Street, Vandergrift, PA 15690

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

Please accept this signed form as my formal request to transport my son/daughter home from the athletic contest in which the Kiski Area School District and the athletic department provided transportation to.

I, the undersigned parent/guardian agree that the Kiski Area School District and the athletic department shall in no way be responsible for any injuries suffered to him/her once said student athlete is released into my immediate supervision.

Parent/Guardian Signature: \_\_\_\_\_

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

**KASD-230**  
**09/21/11**

*Our Focus is the Students – Our Mission is Excellence*

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