HUNTINGTON ATHLETIC DEPARTMENT



TRANSPORTATION RELEASE FORM

This form must be properly completed, signed and returned to the athletic office at least one day prior to the extracurricular activity in order to obtain the release of a child from the transportation provided back from the site by the District. A new form must be completed each time the release of a child is sought from the return transportation provided by the District.

I,(Parent/Legal Guard		t the District release my child,
(Student)	_, into <u>my custody / the custody of a third party</u> * at the (Circle One)	
conclusion of the extracurricular act	ivity listed below for the foll	lowing (Reason why child
cannot return with team)	. My child does not need return transportation from the	
District. The applicable information	n is as follows:	
Extracurricular Activity:	(Athletic Event and Level)	
	(Location of Activity)	(Date of Activity)
*Third Party Information :	(First and Last Name)	
	(Relationship to Student)	
	(Address)	
	/	
*All third	(Home Phone) party releases will require	(Cell Phone) a photo ID
I assume full responsibility for pick		

I assume full responsibility for picking up my child or authorizing his or her transportation back from the site of the extracurricular activity with the above named third party. I understand that under no circumstances will the District release my child to anyone other than the person named on this form.

(Signature of Parent/Legal Guardian)

Athletic Office Fax Number: 631-425-4725 or E-mail: **rfleming@hufsd.edu**