



# STRATH HAVEN M.S. ATHLETICS

Practice with Purpose, Play with Passion.

Strath Haven Middle School  
200 South Providence Road  
Wallingford, PA 19086  
Phone: 610-892-3470  
shmsathletics@wssdgmail.org

## TRAVEL RELEASE FORM - SINGLE EVENT

This Travel Release Form is to be submitted to the Coach prior to athletic events in which the student will not travel by School District transportation. The student athlete is only permitted to leave with their parent/guardian. They may not leave with a teammate's parent/guardian or another athlete.

\_\_\_\_\_ Date

This is to certify \_\_\_\_\_ has my permission to not ride School District  
[ Student Name ]

Transportation \_\_\_\_\_ the \_\_\_\_\_ athletic event on  
[ to / from / to and from ] [ Sport ]

\_\_\_\_\_ at \_\_\_\_\_. I certify that I am transporting.  
[ Date ] [ Location of Athletic Event ]

The reason for not riding the bus is \_\_\_\_\_.  
[ Reason for not riding School District Transportation ]

I understand that the Strath Haven Middle School Athletic rules require all students ride school district transportation to and from away athletic events and a departure from this requirement will release the school district from all liability for any adverse result that may occur. I agree to release the Wallingford-Swarthmore School District and its employees and officers from the liability with reference to the above stated transportation.

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

\_\_\_\_\_  
Parent/Guardian Phone Number

\*Below to be completed by the receiving Coach.

Receive Date: \_\_\_\_\_ Coach's Name: \_\_\_\_\_