

Long Beach School District
Athletic/Extracurricular
Alternative Travel Release Form

Date: _____

My signature below certifies that _____ (Name of Student)

is a member of _____.

(Staff member: List school year, class, group and /or athletic team information on this line.)

My child listed above has my permission to travel to and from any event associated with the above activity using district, charter, and /or private transportation. I understand that my student may be driving alone, or may be transported by another student or parent to and from activities associated with the given program. I specifically grant permission for him/her to travel accordingly.

I accept full responsibility for medical, hospital, and/or any other related expenses and do hereby hold harmless the Long Beach School District, the Board of Education of the Long Beach School District or their agents. I accept all responsibilities for any injury or expenses, and waive any and all claims which may arise against them as a result of participation in those events, including travel.

Name of Parent/Guardian

Sponsor/Coach

Signature of Parent/Guardian

Date