

HUDSON CITY SCHOOL DISTRICT



ATHLETIC DEPARTMENT

2500 Hudson Aurora Rd.
Hudson, Ohio 44236

Ray Ebersole
Athletic Director

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HUDSON HIGH SCHOOL

HUDSON MIDDLE SCHOOL

CONTEST TRAVEL RELEASE

_____ (Date)
This is to certify that _____ has my permission to ride (to-from-
Student's Name *Circle One*)

both) the _____ athletic contest on _____ 20, _____,

at _____ . I certify that I am personally transporting
(Location of Contest)

the above-named student, or have arranged for transportation with an adult (non-
student) of my choosing for this 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 _____ High School Athletic Rules
require students to ride the buses to and from all athletic events and departure from
this requirement will release the Hudson City School District from all liability for
any adverse results that may occur.

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

This form must be on file in the Athletic Office prior to the dismissal of school on
the day of the contest.

Approved - Not Approved

Signature of Parent or Guardian

Signature of Athletic Administrator