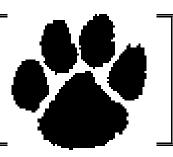
## MADISON PUBLIC SCHOOLS DEPARTMENT OF ATHLETICS 286 GREEN HILL ROAD MADISON, CT 06443



## TRAVEL RELEASE FORM

(Return to Athletics' Office at least one school day before the event please)

• Student-Athlete Name:		
• School:	W. C. Polson Middle Schoo	1:
	Daniel Hand High School:	
• Sport:		Level: MS F JV V
• Coach's Name:		
• Contest/Opponent & Date:		
• *Authorized Driver:		
Request travel release to th	ne contest: Yes	No
Request travel release from	the contest: Yes	No
Reason for request:		
	nletes will be released to their p be released to another student's	_
Parent/Guardian Signature:		
identify on this form the par	of age, will not be allowed to drive to rent delivering or picking up your child dischool that day in order to be eligible ling.	d.
For 0	Office Use Only	
Date received://	Approval: Yes	No
Athletics Director's signature:  CC: Coach  Parent/Student-athlete	(Or Designee)	