

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 School
Daniel Hand High School

Sport: _____ Coach: _____

Contest: Opponent and date: _____ Level: MS / F / JV / V

Authorized Driver: _____

Please note the following:

- **Student-athletes, regardless of age will NOT be permitted to drive to or from contests. Please identify on the form the parent delivering or picking up the student.**
- Student-athletes must attend school **for at least four hours** that day in order to be eligible to participate in a sporting event that afternoon or evening.
- Student-athletes will be released to their parent / guardian only.
- **Madison Public Schools prohibits releasing a student-athlete to another student's parent / guardian.**

Request travel release to the contest Yes No

Request travel release from the contest Yes No

Reason for request: _____

Signature: _____

..... *For Office Use Only*

Date received: _____ Approval: Yes No

Athletics Director's signature (or designee): _____

CC: Coach
Parent/student-athlete