

DAVID COATES
Director for Physical Education,
Health & Athletics



MIDDLETOWN HIGH SCHOOL
Gardner Avenue Extension
Middletown, NY 10940-3130
Phone (845) 326-1532
Fax (845) 326-1608
dcoates@ecsdm.org

Fax: 326-1608

MIDDLETOWN SCHOOL DISTRICT
TRAVEL RELEASE FORM

I certify that I am the parent/legal guardian of _____.
In the event that my son/daughter needs to be transported to or from an athletic contest,
other than by school transportation, I understand that I am the only person allowed to
transport them. The coach will be notified before the athletic contest if this need arises.

DATES

SIGNATURE

TEAM _____

I understand that the Middletown School District athletic rules require students to ride the bus to and from all athletic events and a departure from this requirement will release the Middletown School District from all liability for any adverse results that may occur. I agree to release the Middletown School District and its employees and officers from all liability with reference to the above stated transportation.

Signature of parent or guardian

Date

Signature of Athletic Director

Date