

COLLEGIUM CHARTER SCHOOL ATHLETIC DEPARTMENT 435 CREAMERY WAY, EXTON, PA

FAX: 610.903.1317

PHONE: 610.903.1300 ext.6614

TRAVEL RELEASE FORM

Date:		
By this letter, I certify that (student name)		has my
permission to travel from the (sport)		athletic contest,
(date), at	(location)	I certify that I am
personally responsible for	transporting the above-name	ned student or have arranged for
transportation of my choos	sing. My child will leave the	athletic contest with
	-	
I understand that Collegiu	m Charter School rules requ	uire that students ride the buses to and
from all athletic events and	d a departure from this requ	irement will release Collegium Charter
School from all liability for	any adverse results that ma	ay occur. I agree to release Collegium
Charter School and its em	ployees and officers from a	Il liability with reference to the
above-stated transportation	n. This form must be on file	in the school office prior to the dismissal
of school on the day of the	contest.	
(Signature of Parent)		
Approved		
Not Approved		
	(Signature of Director	of Athletics)