



SALEM COUNTY CHRISTIAN ACADEMY

ATHLETIC DEPARTMENT

Athletics Transportation Release Form

For 5th to 12th Grade Students

School Year: 2016-2017

I, Parent / Guardian Name, give my child, Student Name, permission to travel with the team(s) checked below. I release the driver of the vehicle from any unforeseen accidents that may occur. I realize that the driver of the vehicle may or may not be an employee of Salem County Christian Academy. I recognize that anyone driving my child is performing a service for my child and the school by providing transportation for practices and games.

Parent/Guardian Signature

Date

Please check **ALL** appropriate sports for the 2016-2017 Athletic seasons:

- | | |
|--|---|
| <input type="checkbox"/> Boys / Girls Soccer | <input type="checkbox"/> Girls Volleyball |
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Girls Basketball |
| <input type="checkbox"/> Track meet/practice | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Other: _____ | |

Please return this form to the Athletic Director, via the main office.