



CHESTERTON HIGH SCHOOL



Athletic Department

2125 S. 11th Street
Chesterton, Indiana 46304
Phone (219) 983-3730

Jeff Hamstra
Athletic Director

Tommy Berry
Assistant Athletic Director

Vicki Rhoda
Secretary

ATHLETIC CONTEST TRAVEL RELEASE FORM

DATE: _____

This is to certify that _____ has my permission to
(student's name)

travel without the team to and from the _____ contest on _____
(sport) *(date)*

at _____
(location of contest)

I certify that:

I am personally transporting the above-named student-athlete to and from the event listed above.

I have arranged transportation with an adult (non-student).

I permit my student to transport his or herself, provided that no other non-adults shall travel with my student.

*I understand that Chesterton High School Athletic Rules require that students ride the team buses or SPV's to and from all athletic events, but I have voluntarily chosen an alternate means of transportation for my student and agree to release and hold harmless the Duneland School Corporation, its trustees, employees, officers, agents and insurers from any liability for personal injury or damage with reference to the above -stated transportation. Further, I assume all responsibilities for any injury or accident to any person associated with this alternative form of transportation. **This form MUST be on file in the CHS Athletic Office prior to dismissal of school the day of the contest.** The CHS Athletic Director will approve or disapprove this request and inform the head coach.*

(Signature of Parent or Guardian)

(Printed name of Parent or Guardian)

(Signature of CHS Head Coach)

APPROVED

NOT APPROVED

(Signature of athletic director or assistant athletic director)