



WYANDANCH SCHOOL DISTRICT
HEALTH, PHYSICAL EDUCATION AND ATHLETICS

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Athletics Travel Release Form

I understand that Wyandanch School District Athletics requires that students ride the buses to and from all athletic contests and that avoiding this requirement will release the Wyandanch School District from all liability for any adverse results that may occur. Nevertheless, for the reason indicated below, I desire to have my child use alternate transportation as specified below.

I agree to release the Wyandanch School District and its employees and officers from all liability with reference to the stated transportation. Whoever is transporting your child must speak with the coach prior to your child being released.

Students Name: _____ **Students Team/Level:** _____

Interscholastic Contest: _____ , _____ / _____ / _____
(Day) (Date) (Opponent)

Who will be transporting your child (Check One):

☐ I, the parent/guardian, will be transporting my child.

☐ I give permission for _____ to transport my child on the date listed above. This persons phone number is _____.*

Cannot be driven by another student

My child will be transported (Check One):

☐ To the contest

☐ From the contest

☐ Both

Reason Why: _____

Parent/Guardian: _____
(Print Name)

(Date)

(Signature)

(Phone Number)

****MUST BE GIVEN THE THE HEAD COACH 24 HOURS IN ADVANCE****