

Colonel John Wheeler Middle School Athletic Department

401 W. Joliet Street Crown Point, IN 46307

Phone: 219-663-2173 FAX: 219-662-4378

CONTEST TRAVEL RELEASE

This is to certify that	has my permission to ride from
(Student 1	Name)
the	contest on
(sport)	(date)
I (Parent or Guardian, only) certify	y that I am personally transporting the
above student. The reason for not	riding the bus is
that students ride the team buses and a departure from this requirer Community School Corporation and liability with reference to the above be on file in the Colonel John Whe dismissal of school the day of the Athletic Director or school administration.	heeler Middle School athletic rules require or vans to and from ALL athletic events ment will release the Crown Point its employees and officers from any ve-stated transportation. This form must eler Middle School athletic office prior to contest. The Colonel John Wheeler strator will approve or not approve this ach will be informed of the decision.
(Signature of Parent/Guardian)	(Signature of Coach)
Approved	_ Not Approved
(Signature of athletic director or schoo	l administrator)