

# HUNTINGTON ATHLETIC DEPARTMENT



## TRANSPORTATION RELEASE FORM

**This form must be properly completed, signed and returned to the athletic office at least one day prior to the extracurricular activity in order to obtain the release of a child from the transportation provided back from the site by the District. A new form must be completed each time the release of a child is sought from the return transportation provided by the District.**

I, \_\_\_\_\_, request that the District release my child,  
(Parent/Legal Guardian)

\_\_\_\_\_, into my custody / the custody of a third party\* at the  
(Student) (Circle One)

conclusion of the extracurricular activity listed below for the following \_\_\_\_\_  
(Reason why child

\_\_\_\_\_ . My child does not need return transportation from the  
cannot return with team)

District. The applicable information is as follows:

**Extracurricular Activity:**

\_\_\_\_\_  
(Athletic Event and Level)

\_\_\_\_\_  
(Location of Activity) (Date of Activity)

**\*Third Party Information:**

\_\_\_\_\_  
(First and Last Name)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Phone) / (Cell Phone)

**\*All third party releases will require a photo ID**

I assume full responsibility for picking up my child or authorizing his or her transportation back from the site of the extracurricular activity with the above named third party. I understand that under no circumstances will the District release my child to anyone other than the person named on this form.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Cell Phone of Parent/Legal Guardian)

Athletic Office Fax Number:

**631-425-4725**

or

E-mail: **rfleming@hufsd.edu**

