

CLINTON CHRISTIAN SCHOOL 61763 C.R. 35, GOSHEN, INDIANA 46528 PHONE 574-642-3940 FAX 574-642-3674 <u>athletics@ccsgoshen.org</u>

## Clinton Christian School Athletic Contest Travel Release Form

This for certifies	that (student's name)	has permission to
not ride the team	bus (select one: <b>to/from/both</b> ) the ( <b>sport</b> )	contest
on (date)	, at (location)	

I confirm that I, as the parent or guardian, will personally transport the above-named student, or I have arranged for transportation with a responsible adult (non-student) of my choosing.

Name of responsible adult:	

I agree to release Clinton Christian School and its employees from all liability concerning the above-stated transportation arrangements.

Parent/Guardian Signature:

Date:\_\_\_\_\_