

SALIDA SCHOOL DISTRICT ATHLETICS

**PARENT/GUARDIAN AUTHORIZATION TO TRAVEL
HOME WITH A DIFFERENT PARENT/GUARDIAN**

I hereby inform you that my son/daughter _____ (name)

is traveling to _____ (location) with the _____

(sport) team on _____ (date).

He/she will be traveling home with _____ (name).

I agree not to hold Salida School District R-32-J, or any of its agents, liable for any accident, illness, or injury to my son/daughter during participation in any District Authorized Activity including travel to and from the activity.

Signature of parent/guardian if student is under 18 years

Signature of student

Date

Form must be completed and submitted before departure.

Return to the SMS Main Office or emailed to:

Brenda Heckel bheckel@salidaschools.org

Stephen Crane scrane@salidaschools.org