



Solanco School District Transportation Slip

Athlete's Name: _____

Sport: _____

Please circle one: JH or Varsity/JV

Date of Athletic Event: _____

Parents Name (please print): _____

I understand that the Solanco Public School District Athletic Department requires that students ride the buses or school vans to and from all extra-curricular activities and events and that a departure from this requirement will release the Solanco Public School District from all liability for any adverse results that may occur.

I agree to release the Solanco Public School District and its employees and officers from all liability with reference to the above stated transportation.

Parent/Guardian Signature: _____

Today's Date _____