

Date: _____

Dr. Gross,

I, the undersigned, understand that for the purposes of liability, school policy requires student-athletes to travel to and from athletic events on buses or vehicles owned/leased by Onslow County Schools. Accordingly, any departure from this requirement will release the Onslow County School System, Swansboro High School, and all its employees from any and all liability for any adverse results that may occur.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Please allow _____ to ride home from away games during the _____ season with the following adults. I understand, as does my child, that he/she is not allowed to ride home with anyone other than the adults listed below.

*Please legibly print or type the first and last names of the adult(s) whom your child is authorized to ride home with from an away game.

Parent/Guardian(s): _____

Other Adults: _____

Principal's Signature: _____