## MANKATO EAST HIGH SCHOOL ATHLETIC/ACTIVITIES DEPARTMENT

Todd Waterbury - Athletic/Activities Director

2600 Hoffman Rd Mankato , MN 56001 Phone 507-387-5655 Fax 507-387-5899

## EVENT TRAVEL RELEASE

		(Today's Date)
This is to certify that		has my permission
	(Student's Name)	(Grade)
to ride (to/from/both) (circle one)	(Activity-level participating)	athletic/activity contest
on,	at	
(Date of Contest,	(Location o	f Contest)
I certify that I am persona	ally transporting my son/ daugl	nter listed above.
NAME	PHONE	
The reason for not riding	the bus is (Reason must be suffici	ent to justify not riding the bus):
RULES require that stude departure from this requir		all athletic/activities events and a ATO AREA PUBLIC SCHOOL
	THE MANKATO AREA SCH om liability with reference to the	
Please submit this form in a	dvance of the activity to the Athleti	c/Activities Office. Thank you.
APPROVED	-	
	SIG	NATURE OF PARENT
NOT APPROVED		
	SIGNATURE OF	ADMINISTRATOR OR DESIGNEE