

**Transportation Release Authorization Form**

By signing this form, I (parent/guardian) \_\_\_\_\_ hereby accept responsibility and grant permission for my child \_\_\_\_\_ to be released from using the supplied transportation provided by Monsignor Matthew F. Clarke Catholic Regional School for away games/meets. I further authorize the following individuals to provide transportation for my child from away games/meets (please include names parents / guardians):

**Name:**

**Relationship:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing I also understand that I voluntarily assume responsibility for any risk of loss, property damage, or personal injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_