



Port Chester-Rye Union Free School District

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James Ryan
Director of Health, Physical Education and Athletics

ATHLETICS TRANSPORTATION WAIVER FORM

Parents wishing to provide transportation for their child to or from an away contest must complete the form below:

Childs Name: _____ Sport: _____

I, _____ will provide transportation to/from (circle one) my child's athletic contest on

_____ Versus _____
(Date) (Opponent & Location)

Reason for request: _____
(Must be complete)

I accept fully, the responsibility for my child's well-being while providing such transportation.

Parents Signature: _____

Today's Date: _____

Director of Athletics: _____

Today's Date: _____

Approved

Denied