



AT
CHAMPLAIN

DIRECTOR OF
PHYSICAL EDUCATION & ATHLETICS

Northeastern
Clinton
Central
School
District _____

CHAMPLAIN, NEW YORK 12919

TRANSPORTATION WAIVER FORM

I _____, parent of

_____, grant permission for my

son / daughter to ride home from the next athletic event with the

parents of _____.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN

Approved:
HIGH SCHOOL PRINCIPAL _____

DIRECTOR OF ATHLETICS _____