

**Medical Emergency Information and Waiver
Athletic Travel Permission**

ALTERNATE TRAVEL REQUEST FORM

(This form needs to be completed and returned to the school **prior** to leaving for the event.)

I request the SJEL sports combine to release _____
(Student name)

to _____ who will be totally responsible for transporting
(parent/guardian caring for student)

my child back to St. John, Endicott or LaCrosse from _____ on
(place of event)

_____ on
(date of event)

Please mark the statement that applies:

My student will be riding home with the above mentioned for this one event only _____

My student will be riding home with the above mentioned on several or on all occasions _____

By signing this form, I formally release SJEL Sports Combine from their responsibility of returning my child to the St. John, Endicott or LaCrosse School Districts from the above mentioned event. The student will **only** be released to the contact person at the site.

Signed: _____
(Parent/guardian of student)

Date: _____

Signed: _____
(Advisor/coach of activity)

Date: _____

SJEL Athletic Activity travel policy:

Travel: Students must travel to and from activities away from St. John/Endicott/LaCrosse School Districts in transportation provided by the schools. The only exceptions are:

Arrangements between the participant's parent/guardian and the coach/advisor for the student to ride with parent/guardian or other designated adults. Parent requests must be submitted to the coach/advisor in writing. The final decision to release the student shall rest with the coach/advisor. How and when the release takes place shall rest with the coach/advisor.