



**ATHLETICS**

STATE COLLEGE AREA SCHOOL DISTRICT  
ATHLETICS OFFICE  
653 WESTERLY PARKWAY  
STATE COLLEGE, PA 16801

Transportation Release Form  
Request to Transport a Student-Athlete to and from an Event

In normal times, it is expected that all student-athletes will use the transportation provided by the school district to travel to and from athletic contests. The school district realizes that these are unique times and there are exceptions or extenuating circumstances that may make travel with family or friends more desirable to minimize COVID risk.

For those circumstances involving the transport of your child to and from an event, please complete **PART A**:

As the DRIVING family, I certify the following:

- The adult, parent or guardian, driver has a valid driver’s license. (Driver must be a parent/guardian)
- The automobile is properly registered.
- I maintain required insurance on the automobile.

For those circumstances involving the transport of a non-family member, the following procedures must be followed:

Both families must complete, sign and submit THIS form to the athletics office **no later than 4:00 p.m.** the day **prior** to the competition. NOTE: Both families must complete and sign the form below.

I/we agree to indemnify and hold harmless the District, its employees, agents, and/or assigns from and against any loss or expense, to include reasonable attorney's fees, caused by and/or arising from transportation provided hereunder.

**PART A: DRIVING Family:**

|  |  |                          |  |
|--|--|--------------------------|--|
| Name of Student Athlete: _____                                   |  | Grade: _____             |  |
| Student Number: _____  |  | Sport/Level: _____       |  |
| Location(s) of Event: _____                                      |  | Date(s) of Event: _____  |  |
| Date of Request: _____   |  | Head Coach’s Name: _____ |  |
| <b><u>Student-Athlete’s Parent/Guardian Signature:</u></b> _____ |  |                          |  |
| Contact information: (cell) _____ email: _____                   |  |                          |  |

**PART B: PASSENGER Non-Family (for the transport of a non-family member by another family):**

|  |  |                    |  |
|--|--|--------------------|--|
| Name of Student Athlete: _____                                   |  | Grade: _____       |  |
| Student Number: _____  |  | Sport/Level: _____ |  |
| <b><u>Student-Athlete’s Parent/Guardian Signature:</u></b> _____ |  |                    |  |
| Contact information: (cell) _____ email: _____                   |  |                    |  |

***Please return to the Athletics office  
or scan and email, to [StateAD@scasd.org](mailto:StateAD@scasd.org) prior to the date of event(s).***

**BETTER TOGETHER**