



Texas City ISD ATHLETIC DEPARTMENT

LELAND SUROVIK, ATHLETIC DIRECTOR / HEAD FOOTBALL COACH

STUDENT TRAVEL RELEASE

My son/daughter, _____, needs to use alternate

Travel from/to _____
(Destination of trip)

with _____ by _____ on _____.
(Parent's name) (car,bus,etc.) (Departure Date/ time)

The reason for this alternate method of travel is _____

I hereby release TCISD and the sponsoring staff member(s) from all liability in connection with this alternate method of travel for this school trip.

(Parent/Guardian Signature)

(Date)

FORM MUST BE SIGNED BY THE PRINCIPAL 24 HOURS PRIOR TO THE DAY OF THE EVENT AND PRESENTED TO THE COACH SO ARRANGEMENTS CAN BE MADE.

(Principal Signature)

(Date)