

MINGO CENTRAL ATHLETICS
PICK-UP/DROP-OFF REQUEST
(FORM MUST BE HAND-DELIVERED TO PRINCIPAL OR DESIGNEE)

Statement: As legal guardian of

_____, a member of the Mingo Central HS _____
(Student-Athlete's Name) (Sport)

Team, has my permission to be picked-up in route to athletics events (with Coach's permission) or dropped-off after athletics events on the return trip at the site(s) identified below (indicate specific addresses or landmarks):

1.

2.

3.

Please circle one: 1. One-time occurrence. List date here _____

2. Entire Season.

I understand and agree that the school district has no responsibility for damage, property loss or injury to the student as a result of permitting this student-athlete to be picked-up or dropped-off at these locations. I hereby WAIVE and RELEASE the Mingo County School District, its Board members, officers, employees, agents and volunteers from any and all liability for injuries or damages arising from this decision.

Parent/Guardian Signature

Date

Principal's Signature

Date